DEPT.-65

JOB- 28

REEL- 23

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23407

CITY HALL

BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11 55) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A.	B.	C.	D.
☐ Establish retention period for records which are accumulating daily.	☐ Dispose of present accumulation, no additional accumulation anticipated.	☐ Microfilm and destroy originals.	☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period			10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls + Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH 92566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 14 Feb 1887
4. *Place of Birth (Street and Number),* 481 Eager St
5. *Full Name of Mother,* Pauline Dorbed
6. *Mother's Maiden Name,* Pauline Yuge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Dorbed
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitzke

Address,

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 1887 Feb
4. *Place of Birth (Street and Number),* 1011 Bennett st
5. *Full Name of Mother,* Barbara Matej
6. *Mother's Maiden Name,* Barbora Smeka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Matej
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 15 1887

BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 Feb 1889
4. *Place of Birth (Street and Number),* 108 Durham St
5. *Full Name of Mother,* Mary Stok
6. *Mother's Maiden Name,* Mary Bernard
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jan Stok
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopist

Address, 205 N Washington St

Remarks,

MAR 15 1889 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92569.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17, 1887 Feb
4. *Place of Birth (Street and Number),* 118 Cappinart st
5. *Full Name of Mother,* Mary Pakek
6. *Mother's Maiden Name,* Mary Krause
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Sari Pakek
9. *Father's Occupation,* Labora
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. May Koptist

Address, 205 N Washington st

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92570.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 Feb 1887
4. *Place of Birth (Street and Number),* 416 Duncan Alley
5. *Full Name of Mother,* Mary Bender
6. *Mother's Maiden Name,* Mary Fucher
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Bender
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kplish

Address, 4

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (92571)

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* February 17th 1887

4. *Place of Birth, (Street and Number)* 1517 S. Charles St

5. *Full Name of Mother,* Florida Davis

6. *Mother's Maiden Name,* " Bennett

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* John Davis

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Charlotte A Lewis

Address, 602. Hanover St

Remarks,

HEALTH DEPARTMENT MAR 10 1887 BALTIMORE CITY

duty of the parent or parents of the birth and deaths of illegitimate children, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92572.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Nov 1st

4. *Place of Birth (Street and Number),* 2117 Eager st

5. *Full Name of Mother,* Mary Bork

6. *Mother's Maiden Name,* Mary Novak

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Jno Bork

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Novak

Address,

Remarks,

the Commissioner of Health, In the manner and within the p
who shall hereafter fail to comply with the provisions of thi
for each offence, to be recovered as other fines and forfeit

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 23573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Friday Feb. 18th 1887

4. *Place of Birth, (Street and Number)* 20½ Neighbor St

5. *Full Name of Mother,* Mary B. Mason

6. *Mother's Maiden Name,* Mary Burk

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Mason

9. *Father's Occupation,* Collector.

10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St. & Fremont Place

Remarks,

HEALTH DEPARTMENT MAR 9 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92574.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 18 Feb 1857
4. Place of Birth (Street and Number), 9 No Washington St
5. Full Name of Mother, Dini Kadiman
6. Mother's Maiden Name, Dini Kadiman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Fria
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. May Reptiste

Address, 6

Remarks,

MAR 15 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above are hired, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Feb 19th 1897

4. *Place of Birth (Street and Number),* #1033 McCulloh St

5. *Full Name of Mother,* Annie Mullen

6. *Mother's Maiden Name,* " McCarthy

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* James Mullen

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Dena McQuist

Address, 102 E Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 92576.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third Child
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	February 19
4. *Place of Birth (Street and Number),*	609 Smith st.
5. *Full Name of Mother,*	Katie Salomon
6. *Mother's Maiden Name,*	Katie Hynson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Henry Salomon
9. *Father's Occupation,*	Waiter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Sadler
Address,	602 Gold st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* Feb. 20th 1897

4. *Place of Birth (Street and Number),* 1357 Coleman St

5. *Full Name of Mother,* Kate McEvoy

6. *Mother's Maiden Name,* " Griffin

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Geo McEvoy

9. *Father's Occupation,* Roller

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Hillegeist

Address, #102 E Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 20th 1887
4. *Place of Birth, (Street and Number)* 8 Hughes st Balto City
5. *Full Name of Mother,* Millie Fletcher
6. *Mother's Maiden Name,* Millie Johnson
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Lewis Fletcher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Cambridge Md

Name of Medical Attendant, or other Person who makes this Return. Josiah Tascar

Address, 224 Hughes st Balto city Md

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

92579.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb. 24th 1887
4. Place of Birth (Street and Number)	80 Stiles St
5. Full Name of Mother	Sarah Madden
6. Mother's Maiden Name	Sarah Chapman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Willis Madden
9. Father's Occupation	Undertaker
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	W. Winsey M.D
Address	1220 E. Fayette St
Remarks	Labor normal and at full term

of the parents, and the maiden name of the mother of each child or children.

BALTIMORE MAR 1887

RETURN OF A BIRTH 92580.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Feb. 24th 1887

4. *Place of Birth (Street and Number),* #1626 Chew St

5. *Full Name of Mother,* Kate Eiford

6. *Mother's Maiden Name,* " Hoffman

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Henry Eiford

9. *Father's Occupation,* Paver

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegist

Address, #1826 E. Monument St.

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 16 1887

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92581.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female),* femal
2. *Race or Color (if not of the white race),* Color race
3. *Date of Birth,* february 24
4. *Place of Birth (Street and Number),* What Coat St No 1381
5. *Full Name of Mother,* Maggie Lee
6. *Mother's Maiden Name,* Maggie boyer
7. *Mother's Birthplace,* West rive
8. *Full Name of Father,* Luis lee
9. *Father's Occupation,* labor Work
10. *Father's Birthplace,* West rive

Name of Medical Attendant, or other person who makes this Return. Merisop Jones

Address, What Coat St. No 1337

Remarks,

BALTIMORE, MD. MAR 15 1907

the Commissioner of Health, in the manner and within the period above, request any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 92,582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 16 1887 BOARD OF HEALTH

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth* Feb the 25 188
5. *Place of Birth, (Street and Number)* Baltimore Spring bet 9 & 10.
6. *Full Name of Mother* Mary Foreman
7. *Mother's Maiden Name* Mary Foreman
8. *Mother's Birthplace* Charleston South Carolina
9. *Father's Occupation* Working in a Store
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton

Address 1411 E. Holland

Remarks

RETURN OF A BIRTH 92583,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 27th 1887
4. Place of Birth, (Street and Number)	74 Kennedy st
5. Full Name of Mother,	Martha Jackson
6. Mother's Maiden Name,	Martha Atwell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Jackson
9. Father's Occupation,	Car Driver
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	H B Noble Jno
Address,	301 Warren av
Remarks,	

MAR 16 1887

for each offense to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 92584.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored Race
3. Date of Birth, 9 of Jenry
4. Place of Birth (Street and Number), What Coat. St. no 1346
5. Full Name of Mother, Gorgoner. Lewis
6. Mother's Maiden Name, Gorgoner more
7. Mother's Birthplace, Baltimore. md.
8. Full Name of Father, Thomas Lewis
9. Father's Occupation, Barber
10. Father's Birthplace, Charlerton. S.C.

Name of Medical Attendant, or other person who makes this Return. Mersak. Jones

Address, What Coat. St. no. 1337

Remarks,

MAR 15 18[illegible] BALTIMORE, MD.

[illegible] the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 92585.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jany 15th 87
4. Place of Birth, (Street and Number) Cor Mulberry & Arlington
5. Full Name of Mother Annie Donnelly
6. Mother's Maiden Name Dubey
7. Mother's Birthplace Balto
8. Full Name of Father Joseph Donnelly
9. Father's Occupation Upholstrer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 701 N. Carrollton Ave

Remarks

RETURN OF A BIRTH 92686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

Sex, (state whether male or female) Female name: Regina Dunn

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Jan. 11th 1891.

4. Place of Birth, (Street and Number) 171 Greenmount Ave.

5. Full Name of Mother, May E. Dunn

6. Mother's Maiden Name, Mary E. Mullin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Franklin M. Dunn.

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D

Address, Chas & St. Fremont Place

Remarks,

HEALTH DEPARTMENT MAR 9 1891 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 92587,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 11th 1887.
4. *Place of Birth, (Street and Number)* #126 Harford Road
5. *Full Name of Mother,* Maggie Knecht
6. *Mother's Maiden Name,* " Popp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Knecht
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lena Hillegust

Address, #182 E Monument St

Remarks, 1038 (New Number)

BALTIMORE

...or each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH, 92588.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 17th 1887
4. *Place of Birth, (Street and Number)* 325 Millon Place
5. *Full Name of Mother* Mary Laight
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm B. Laight
9. *Father's Occupation* Cigar Packer
10. *Mother's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Craft MD

Address 201 N Carrollton Ave

Remarks

RETURN OF A BIRTH 92589.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jany 13 - 87

4. *Place of Birth, (Street and Number)* 265 N William St

5. *Full Name of Mother,* Virginia Grimes

6. *Mother's Maiden Name,* Virginia Jacobs

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Grimes

9. *Father's Occupation,* Fredericks Co Md

10. *Father's Birthplace,* Fredericks Co Md

Name of Medical Attendant, or other Person who makes this Return. D F Phillips

Address, 735 N Broadway

Remarks,

HEALTH DEPARTMENT
FEB 26 1887
BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH, 92590.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 15 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jany 15th 1887
4. *Place of Birth, (Street and Number)* 23 S. Shicker St
5. *Full Name of Mother* Sophia Rose
6. *Mother's Maiden Name* Sechleder
7. *Mother's Birthplace* Howard Co. Md
8. *Full Name of Father* Charles Rose
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. John Neff M.D.

Address 701 N Carrollton Ave

Remarks

RETURN OF A BIRTH 92591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14th 1887
4. *Place of Birth, (Street and Number)* #608 N. Spring St.
5. *Full Name of Mother,* Elizabeth Dieterich
6. *Mother's Maiden Name,* " Kitler
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George Dieterich
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument

Remarks, 1038 (New Number)

...ED. DEPARTMENT, MAR 22 1887 BALTIMORE

...for each offense to be recovered as other fines and forfeitures are recovered ...

..., City Printers and Stationers.

RETURN OF A BIRTH 92592.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 15th 1887

4. *Place of Birth, (Street and Number)* #713 N. Gay St

5. *Full Name of Mother,* Louise Kreisel

6. *Mother's Maiden Name,* " Wack

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Otto Kreisel

9. *Father's Occupation,* Notion Store

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegeist

Address, #1826 E. Monument St

Remarks, 1038 (New Number)

BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH 92593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 17th 1887

4. *Place of Birth, (Street and Number)* #227 N. Liberty St

5. *Full Name of Mother,* Annie Thumel

6. *Mother's Maiden Name,* Bollmann

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Charles Thumel

9. *Father's Occupation,* City Coffee House

10. *Father's Birthplace,* Martinsburg W. Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lena Hillegerst

Address, #182 E. Monument

Remarks, 1038 (Number 5 in)

MAR 12 1887

BALTIMORE

for each offense to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 92594.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 19th. 1887
4. Place of Birth (Street and Number),	8028 Yolk road
5. Full Name of Mother,	Bertha Zum
6. Mother's Maiden Name,	Bertha Walter
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Ferdenand Zum
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	N. N. Bull.
Address,	647 S.E. cor Centrel av. & Monument St.
Remarks,	

for each Offence, to be recovered as other fines and forfeitures are recoverable

hing Co., City Printers and Stationers

RETURN OF A BIRTH 92595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* January 21st. 1887
4. *Place of Birth (Street and Number),* 1604 Miller St.
5. *Full Name of Mother,* Mary Carl
6. *Mother's Maiden Name,* " Holtzner
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Carl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. M. A. Butt.

Address, 647 S.E. Cor Centrel av. & Monument St.

Remarks, All Well

for each offence, to be recovered as other fines and Features are Recoverable.
BALTIMORE, MD.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 92596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 9 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 21 '87
4. Place of Birth, (Street and Number) 612 Lexington St
5. Full Name of Mother, Flora ~~R.~~ ~~Fuller~~ Jarbor
6. Mother's Maiden Name, Flora Vanauken
7. Mother's Birthplace, Canada
8. Full Name of Father, R Fuller Jarbor
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Thomas Opie MD

Address, 600 N Howard

P.S. ~~Remarks,~~ Please excuse my remissness in not reporting this sooner I had made this report out & it had been mislaid among some papers on my desk

Respt – Thomas Opie

City Printers and Stationers.

RETURN OF A BIRTH 92597.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 22 nd 1887
4. Place of Birth (Street and Number),	1838 N. Wolf St.
5. Full Name of Mother,	Anna Spindler
6. Mother's Maiden Name,	Anna Kline
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Carl. Spindler
9. Father's Occupation,	Butcher.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Bull.
Address,	647 S.E. cor Central av & Monument St.
Remarks,	All Well

MAY 18 1887

ing Co., City Printers and Stationers

RETURN OF A BIRTH 92598.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Saturday Jan. 22nd 1887

4. *Place of Birth, (Street and Number)* 13 Valley St.

5. *Full Name of Mother,* Mary Kernan

6. *Mother's Maiden Name,* Mary Ward

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Bernard Kernan

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT, MAR 9 1887 BALTIMORE MD.

, City Printers and Stationers.

RETURN OF A BIRTH 92599.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Cd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 24th. 1887
4. Place of Birth (Street and Number),	408 Dallis St.
5. Full Name of Mother,	Martha Hanabal
6. Mother's Maiden Name,	Glass
7. Mother's Birthplace,	South West.
8. Full Name of Father,	Thomas Hanabal
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt
Address,	647 S.E. cor Centre av. & Monument St.
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 18 1887 BALTIMORE

hing Co., City Printers and Stationers.

RETURN OF A BIRTH, 92600

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Benjamin T. Douglass Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan 26 1887
4. Place of Birth, (Street and Number) 279 N Howard St
5. Full Name of Mother Georgianna (Douglass) Douglass
6. Mother's Maiden Name —
7. Mother's Birthplace Balto
8. Full Name of Father Benj T. (Douglass) Douglass
9. Father's Occupation Plasterer
10. Mother's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. John Scott MD

Address 701 N Carrollton Ave

Remarks

RETURN OF A BIRTH 92601.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday Jan. 28th. 87

4. Place of Birth, (Street and Number) 236 Clifton Place (old No.)

5. Full Name of Mother, Mary McGirr

6. Mother's Maiden Name, Mary Lafferty

7. Mother's Birthplace, York Co. Pa.

8. Full Name of Father, Patrick F. McGirr

9. Father's Occupation, Florest.

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT MAY 8 1887 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH 92602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *S[illegible] (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colort
3. *Date of Birth,* January the 28
4. *Place of Birth, (Street and Number)* no 506 Walnut Alley
5. *Full Name of Mother,* mrs Alice Stiles
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Morlow Diel County
8. *Full Name of Father* Joshua William Gallery
9. *Father's Occupation,* hick lawyer
10. *[illegible]er's Birthplace,* Colbert County

Name of Medical Attendant, or other Person who makes this Return. Dolesta Cook

Address, 37 Chestnut Alley

Remarks,

HEALTH DEPARTMENT, MAR 3 1897 BALTIMORE, MD.

Printers and Stationers

RETURN OF A BIRTH 92603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 12 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 29th 1887

4. *Place of Birth, (Street and Number)* #750 E Madison St

5. *Full Name of Mother,* Eva Eff

6. *Mother's Maiden Name,* Streck

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Eff

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Henrietta Billingsley

Address, #1826 E Monument St

Remarks, 1638 (New Number)

City Printers and Stationers.

January th 29 1889

RETURN OF A BIRTH. 92604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January th 29
4. Place of Birth, (Street and Number) Hamburg St No 34
5. Full Name of Mother, Sophie Fleury
6. Mother's Maiden Name, Sophie Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frudick Fleury
9. Father's Occupation, Box maker
10. Father's Birthplace, Baltimory

Name of Medical Attendant, or other Person who makes this Return. M R Caskey

Address, No 213 Heath St.

Remarks, Doing well

HEALTH DEPARTMENT, MAR 9 1889, BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92605.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan. 3rd. 1887
4. Place of Birth (Street and Number),	1016 N. Wolf St.
5. Full Name of Mother,	Dinie Piercy.
6. Mother's Maiden Name,	" Hobert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Piercy
9. Father's Occupation,	Photographer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A. Burd
Address,	647 N. Central av. cor. Monument St.
Remarks,	All Well

ing Co., City Printers and Stationers

RETURN OF A BIRTH

22606.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	January 4th. 1887
4. *Place of Birth (Street and Number),*	No. 1638 Miller St
5. *Full Name of Mother,*	Lewisa Wooden
6. *Mother's Maiden Name,*	Lewisa Herman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Wooden
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	All Well

MAR 15 1887 BALTIMORE

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 92607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan. 4th. 1887
4. Place of Birth (Street and Number),	No - Thompson St.
5. Full Name of Mother,	Ellen Scrogs
6. Mother's Maiden Name,	Ellen Hart.
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John. R. Scrogs
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt.
Address,	No. 647. S.E. cor Central av. & Monument St
Remarks,	All Well

MAR 18 1887 REGISTRAR'S OFFICE

ing Co., City Printers and Stationers

RETURN OF A BIRTH 92608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Jan 19th 1887
4. *Place of Birth (Street and Number),*	No 802 Eager St.
5. *Full Name of Mother,*	Frances Hogan
6. *Mother's Maiden Name,*	Frances Selman
7. *Mother's Birthplace,*	Anrandee County
8. *Full Name of Father,*	Lew. Hogan
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt.
Address,	647 S. E. cor Central av. & Monument St.
Remarks,	All Well

BALTIMORE APR 18 1887

ing Co., City Printers and Stationers

RETURN OF A BIRTH 92609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan. 12th. 1887
4. *Place of Birth (Street and Number),* No. 1139 Granby St.
5. *Full Name of Mother,* Becky Winter
6. *Mother's Maiden Name,* Becky Adams.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Winter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. H. Butt

Address, 647 S.E. cor Centre av. & Monument St.

Remarks, All Well.

BALTIMORE MD. JAN 18 1887

...ing Co., City Printers and Stationers

Missing #92610

RETURN OF A BIRTH 92611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Feb 28th
4. *Place of Birth (Street and Number),* 800 Bond St
5. *Full Name of Mother,* Wilhemina Kohler
6. *Mother's Maiden Name,* " Engemack
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Abraham Kohler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Holland Ger.

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groom

Address, 940 N Gay St

Remarks,

BALTIMORE MD. MAR 19 1887

...ishing Co., City Printers and Stationers.

Missing #92612-#92623,
incl.

RETURN OF A BIRTH 93624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAR 4 1877
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 1 March

4. *Place of Birth, (Street and Number)* 28 Raburg st

5. *Full Name of Mother,* Julia Jackson

6. *Mother's Maiden Name.* Young

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible] Jackson

9. *Father's Occupation,* Sailor

Father's Birthplace, St Louis

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Cornish

Address. 34 Bond

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH 926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, March [illegible]

4. Place of Birth, (Street and Number) 225 S. [illegible]

5. Full Name of Mother, Kate Collins

6. Mother's Maiden Name, " Rippey

7. Mother's Birthplace, B. C.

8. Full Name of Father, Albert D. Collins

9. Father's Occupation, Book Keeper

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

HEALTH DEPARTMENT, MAR 3 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] Co., City Printers and Stationers.

RETURN OF A BIRTH 9426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 1st
4. *Place of Birth (Street and Number),* No 9 E Fort Ave
5. *Full Name of Mother,* Almira E. Frederick
6. *Mother's Maiden Name,* Almira E Boreaker
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Wm J Frederick
9. *Father's Occupation,* Conductor on B. & O. R. R.
10. *Father's Birthplace,* Balt city Md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1737 P Charles St

Remarks,

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE, MD.

the duty of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the d the Commissioner of Health, in the manner and with who shall hereafter fail to comply with the provisions for each offence, to be recovered as other fines and f

e Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH 93637.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 3 1897
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1887
4. *Place of Birth, (Street and Number)* 1107 Bassel St.
5. *Full Name of Mother,* Mary E Swartz
6. *Mother's Maiden Name,* " " Seely
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frederick Swartz
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dr. G. W. Gregory

Address, 67 Warren St

Remarks,

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 91638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth March 1. 1887.

4. Place of Birth, (Street and Number) Old No. 34 N. Baltimore St.

5. Full Name of Mother, Mary Stuckert.

6. Mother's Maiden Name, Mary Wolf.

7. Mother's Birthplace, Kiese Hannstadt Germany.

8. Full Name of Father, Jno. Stuckert.

9. Father's Occupation, Tobacconist.

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address, 309 St. Paul St.

Remarks, Child Premature (8 mos) but apparently healthy.

HEALTH DEPARTMENT MAR 2 1887 BALTIMORE MD.

...phy & Co., City Printers and Stationers.

Dup

RETURN OF A BIRTH 93629.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Elizabeth Jane Philpot

No. 1 Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1, 1887

4. Place of Birth, (Street and Number) 1006 Arlington Ave

5. Full Name of Mother, Sadie E Philpot

6. Mother's Maiden Name, " " (Calrup) Catrup

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Philpot

9. Father's Occupation, Attorney at Law

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this return Dr. St. Thomas M.D.

Address, 1006 E Baltimore St

Remarks,

HEALTH DEPARTMENT MAR 1 1887 BALTIMORE, MD.

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

92630.

To the Office of Registrar of Vital Statistics, Board of Health,

NAME ADDED. 2/23/55 g

BALTIMORE CITY.

Harry Edward Hart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th ~~[illegible]~~

1. Sex, (state whether male or female) Maryland Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1887

4. Place of Birth, (Street and Number) 21 Washington

5. Full Name of Mother, Mary A. Hart

6. Mother's Maiden Name, Mary A Howard "

7. Mother's Birthplace, Maryland

8. Full Name of Father, A. P. Hart

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Branham

Address, 901 Edmondson Ave

Remarks,

BOARD OF HEALTH DEPARTMENT, MAR 4 1887 BALTIMORE MD.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 92631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Isaac

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 2, 1887

4. *Place of Birth (Street and Number),* 143½ Harrisson St

5. *Full Name of Mother,* Hannah Laberwitch

6. *Mother's Maiden Name,* Hannah Brodsky

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Fröeme Laberwitch

9. *Father's Occupation,* Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 2nd 1887

4. Place of Birth, (Street and Number) 225 President st.

5. Full Name of Mother, Lena Knopf

6. Mother's Maiden Name, Sternberg

7. Mother's Birthplace, Europe

8. Full Name of Father, Friedrich Knopf

9. Father's Occupation, Laborer

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

or person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 926.33.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Mch. 2nd 1887
4. *Place of Birth (Street and Number),* #808 Willow St
5. *Full Name of Mother,* Mary Ward
6. *Mother's Maiden Name,* Eagen
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Micheal Ward
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

MAR 18 1887

the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 92634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Mch. 2nd 1887
4. *Place of Birth (Street and Number),* #923 Sterling St.
5. *Full Name of Mother,* Maggie Traudner
6. *Mother's Maiden Name,* " Manner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Traudner
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1220 E. Monument

Remarks, 1038 (New Number)

BALTIMORE MD.

the Commissioner of Health, in the manner which shall be prescribed by the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 92635!

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lottie M. Weidner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether male or female),	(State) Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	2 of March
4. Place of Birth (Street and Number),	15.17 Patterson avenue
5. Full Name of Mother,	Minnie Weidner
6. Mother's Maiden Name,	Minnie Brown
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	George Fred Weidner
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Sadler
Address,	602 Goel st Baltimore
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 2nd 187

4. *Place of Birth, (Street and Number)* 1703 N. Bond st.

5. *Full Name of Mother,* Theresa Blumenauer

6. *Mother's Maiden Name,* " Huber

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Chas. Blumenauer

9. *Father's Occupation,* Tailor

Father's Birthplace, Illinois

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Fenby, M. D.

Address, 1201 N. Eden St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93637.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	2 March
4. *Place of Birth (Street and Number),*	464 Chester St.
5. *Full Name of Mother,*	Lizzie Badamas
6. *Mother's Maiden Name,*	Webster
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Badamas
9. *Father's Occupation,*	Carpenter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 East Lombard St.
Remarks,	

HEALTH DEPARTMENT, MAR 14 1887 BALTIMORE, MD.

...ns of this section shall be subjected to ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 9-28-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Muria Flint

(92638)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) ~~Secon~~ ~~1887~~

3. Date of Birth, Second of M 1887

4. Place of Birth, (Street and Number) Wagon aly No 1011

5. Full Name of Mother, Mary Magey Flint

6. Mother's Maiden Name, Magey Wise

7. Mother's Birthplace, Baltimore County md

8. Full Name of Father, James A Lh Flint

9. Father's Occupation, Labouer

10. Father's Birthplace, Point Comfort

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, 166

Remarks,

BALTIMORE, MD. JAN 12 1887

within the period above required, except in the cases of the birth of the mother's fifth and sixth, and any person or persons who shall hereafter fail to comply with the provisions of the Act, shall be subject to a fine of ten dollars for each offence, to be recovered as a fine and penalties as recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 3639.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 2 of March

4. *Place of Birth, (Street and Number)* 819 little Monument st

5. *Full Name of Mother,* Maria Cromwell

6. *Mother's Maiden Name,* Morton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Cromwell

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address, 916 Jordan alley

Remarks,

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 2" 1882
4. Place of Birth (Street and Number),	No 1022 Eightontown.
5. Full Name of Mother,	Laura Burter
6. Mother's Maiden Name,	Adrion
7. Mother's Birthplace,	Md. Mechtel
8. Full Name of Father,	Jacob Burter
9. Father's Occupation,	Labor
10. Father's Birthplace,	Pennsylvannia
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT
MAR 11 1887
BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH

95641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The second

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March. 2d.

4. Place of Birth, (Street and Number) Trinity St. No 763 Old No 7.

5. Full Name of Mother, Sophy Wolf.

6. Mother's Maiden Name, Sophy Zuschlag.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry William Wolf.

9. Father's Occupation, Ece bierner

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Reiß Hebamme

Address, Old No 28. Neu No 712 N. Fürstenthal Baltimore

Remarks, H.O.

for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 95642.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

l of Mother, (state whether 1st, 2d, 3d, &c.) this is the 9 birth

e whether male or female) male

Color, (if not of the white race) Colored

Birth, March 2nd

Birth, (Street and Number) Baltimore 818 medonell street

ne of Mother, Annie Lizzia Wilkins

Maiden Name, Annie Lizzia Cole

Birthplace, queenant County md

me of Father, Steven Wilkins

Occupation, Laboring man

Birthplace, queenant County md

f Medical Attendant, or other Person who makes this Return. Lizziebeth medonend

. Between Orat and gauf bethel street 402 number

ks,

HEALTH DEPARTMENT MAR 7 BALTIMORE MD.

ers.

RETURN OF A BIRTH. 92643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* March, 2, 18[illegible]

4. *Place of Birth, (Street and Number)* 21, N Arlington avn

5. *Full Name of Mother,* Mary Korger

6. *Mother's Maiden Name,* Mary Corp

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Conrad Korger

9. *Father's Occupation,* Broom maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

[illegible] of persons who shall hereafter fail to comply with the [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH 91694

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White (
3. *Date of Birth,*	[illegible]
4. *Place of Birth, (Street and Number)*	No 93, [illegible]
5. *Full Name of Mother,*	Mrs. Maggie [illegible]
6. *Mother's Maiden Name,*	Maggie [illegible]
7. *Mother's Birthplace,*	[illegible]
8. *Full Name of Father.*	[illegible]
9. *Father's Occupation,*	[illegible]
10. *Father's Birthplace,*	[illegible]
Name of Medical Attendant, or other Person who makes this Return	Dr. Jacob [illegible]
Address,	No 936 [illegible]
Remarks,	

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

93645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 2d 1887
4. *Place of Birth (Street and Number),* Madison St 1317
5. *Full Name of Mother,* Anna L Webster
6. *Mother's Maiden Name,* " Cox
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Emory L Webster
9. *Father's Occupation,*
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return. U S Mahon Mt

Address, Exeter St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* March 2 [illegible]
4. *Place of Birth, (Street and Number)* Scott 577 [illegible]
5. *Full Name of Mother,* ida Poultey
6. *Mother's Maiden Name,* ida Deans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* labor
9. *Father's Occupation,* William Deans
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Witchell

Address, Caldwell Alley [illegible]

Remarks,

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE, MD.

[illegible] of persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]o., City Printers and Stationers.

GIVEN NAME ADDED 9-4-51

RETURN OF A BIRTH.

92649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David Corbin Streett

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	March 2 1887
4. Place of Birth, (Street and Number)	403 N. Exeter St.
5. Full Name of Mother,	Sadie Streett
6. Mother's Maiden Name,	" Fusselbaugh
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	David Streett M.D.
9. Father's Occupation,	Physician
Father's Birthplace,	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	D. Streett M.D.
Address,	403 N. Exeter St.
Remarks,	

HEALTH DEPARTMENT MAR 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

92648.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 2d 1887
4. *Place of Birth, (Street and Number)* (bed No.) 214 East Fayette St
5. *Full Name of Mother,* Elizabeth Bowers
6. *Mother's Maiden Name,* " Emerich
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* Franklin William Bowers
9. *Father's Occupation,* (Adams) expressman
10. *Father's Birthplace,* Ellicott City, Md.

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, No. 118 E. Franklin St.

Remarks,

HEALTH DEPARTMENT, MAR 3 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 92649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* March 2
4. *Place of Birth, (Street and Number)* 2 Booth st Baltimore
5. *Full Name of Mother,* Mary Tasker
6. *Mother's Maiden Name,* Kelyman
7. *Mother's Birthplace,* Jointer Rock Fred. Co.
8. *Full Name of Father,* Frank Tasker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Cornuck

Address, 34 Boyd St.

Remarks,

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race)

3. Date of Birth, The 2 of [illegible] 1887

4. Place of Birth, (Street and Number) No 904 Cliffmont Ave

5. Full Name of Mother, Julia McGrain

6. Mother's Maiden Name, Julia Donohue

7. Mother's Birthplace, Ireland

8. Full Name of Father, J Frank McGrain

9. Father's Occupation, Livery Stable

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford

Remarks, Bal Md

1887

HEALTH DEPARTMENT MAR 4 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White Amer

3. *Date of Birth,* March 2nd 1887

4. *Place of Birth, (Street and Number)* 348 N. Eaton St.

5. *Full Name of Mother,* Martha Levering Orrick

6. *Mother's Maiden Name,* Levering

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Henry A. Orrick

9. *Father's Occupation,* Stock Broker

Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. J. E. Lindsay M D

Address, 9. E. Read St

Remarks,

HEALTH DEPARTMENT, MAR 3 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

92652.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2nd 1887

4. Place of Birth, (Street and Number) 3 Wm Street

5. Full Name of Mother, Emma O'Reilly

6. Mother's Maiden Name, " Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James O'Reilly

9. Father's Occupation, Ripley Soil Cleaner

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 578 Hanover St

Remarks,

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 92653,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1887
4. Place of Birth, (Street and Number) No 1705 Patapsco st
5. Full Name of Mother, Lena Streigle
6. Mother's Maiden Name Lena Kastner
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Streigle
9. Father's Occupation, Miller
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hornung

Address, No 1817 Byrd

Remarks,

BALTIMORE MD. MAR 10

City Printers and Stationers.

RETURN OF A BIRTH 93654.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 3" 1887.
4. Place of Birth (Street and Number),	918 Collington Ave.
5. Full Name of Mother,	Catherine Myers
6. Mother's Maiden Name,	Grace
7. Mother's Birthplace,	Kilkenny Ireland
8. Full Name of Father,	Samuel Myers.
9. Father's Occupation,	Engineer Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT RECEIVED MAR 7 1887 BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 92655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 3 1897, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	Colored
Date of Birth,	3 March. 1897
Place of Birth, (Street and Number)	No 1916. Warm street
Full Name of Mother,	Annie Gipson
Mother's Maiden Name,	Annie Gipson
Mother's Birthplace,	Baltimore city
Full Name of Father,	Alexandre Marton
Father's Occupation,	Brick maker
Father's Birthplace,	Port deposit
Name of Medical Attendant, or other Person who makes this Return	Ellen Carson
Address,	address 1026
Remarks,	Chapple street

...ERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

92656.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, 3d of March

4. Place of Birth, (Street and Number) No 211 N Pine St

5. Full Name of Mother, Anna E. Mehling

6. Mother's Maiden Name, " " Bauer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, J. A. Mehling

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunton

Address, 21, 23 Poppelton St

Remarks,

HEALTH DEPARTMENT, MAR 9 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recovered.

City Printers and Stationers

RETURN OF A BIRTH.

92657.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 7 1887
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or ~~Female~~)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 3rd 1887

4. *Place of Birth (Street and Number)* 1435 E. Preston St

5. *Full Name of Mother* Margaret A Kammer

6. *Mother's Maiden Name* Margaret A. Faller

7. *Mother's Birthplace* Bedford Co. Pa

8. *Full Name of Father* Henry G. Kammer

9. *Father's Occupation* Tayler

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 1301 N Central Ave.

Remarks

RETURN OF A BIRTH 92658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 3rd 1887
4. *Place of Birth, (Street and Number)* 109 Mary St
5. *Full Name of Mother,* Caroline Kircher
6. *Mother's Maiden Name,* " " Wetzel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Kircher
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Bro a Meseyche

Address, 609 Mosher St

Remarks,

MAR 13 1887 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ten (92659)

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 3d 1887

4. *Place of Birth, (Street and Number)* Eutaw St. 1225

5. *Full Name of Mother,* Rebbaca Higdon

6. *Mother's Maiden Name,* Rebbaca Carson

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* James Higdon

9. *Father's Occupation,* Folaw the Water

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary Ellen Bentley

Address, No 929 South Paca st

Remarks, Child living

MAR 23 1887 BALTIMORE

any person or persons who shall be carried up to court, and the party shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH. 92660.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 7 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 3d March 87

4. Place of Birth (Street and Number) 232 Hoffman St

5. Full Name of Mother Nettie Smith

6. Mother's Maiden Name Stirratt

7. Mother's Birthplace Balto City

8. Full Name of Father Munroe Snell

9. Father's Occupation Insurance Agt.

10. Father's Birthplace Mass.

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings MD

Address 134 Madison Ave

Remarks

RETURN OF A BIRTH.

92661.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 3rd 1887
4. Place of Birth (Street and Number) 161. E. Monument
5. Full Name of Mother Sarah. Ella Hall
6. Mother's Maiden Name " " Dougherty
7. Mother's Birthplace Balto
8. Full Name of Father James. Franklin Hall.
9. Father's Occupation Painter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. John J. Gross M.D.

Address Old. Number 137. Orleans St.

Remarks

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

RETURN OF A BIRTH 92662.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 el
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	March 31 1887
4. Place of Birth (Street and Number),	44 Preston Street
5. Full Name of Mother,	Jennie Harris
6. Mother's Maiden Name,	Jennie Eisell
7. Mother's Birthplace,	Easey County Va.
8. Full Name of Father,	Charles Harris
9. Father's Occupation,	Coachmen
10. Father's Birthplace,	Charles County md
Name of Medical Attendant, or other person who makes this Return.	Hester Valence
Address,	484 W. monument street
Remarks,	

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (92663)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3rd 1887 ~~1234 Orleans Street~~
4. *Place of Birth, (Street and Number)* 1234 Orleans Street
5. *Full Name of Mother,* Rachael Leiperman
6. *Mother's Maiden Name,* " Fried
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oscar Leiperman
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Dr. James E. Whiteford, 819 Aisquith Street, Baltimore, Md.

Address,

Remarks,

HEALTH DEPARTMENT MAR 1887 BALTIMORE, MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(92664)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Mch. 3. 1887.

4. *Place of Birth, (Street and Number)* 277 McNeely st (Balto. Co.)

5. *Full Name of Mother,* Mary S. Blake,

6. *Mother's Maiden Name,* Merrick,

7. *Mother's Birthplace,* Balto. City,

8. *Full Name of Father,* Henry W. Blake,

9. *Father's Occupation,* Coach Painter,

10. *Father's Birthplace,* Balto. City,

Name of Medical Attendant, or other Person who makes this Return E. F. Note M. D.

Address, 1007 W. Fairvale

Remarks,

HEALTH DEPARTMENT MAR 5 1887 BALTIMORE MD.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH

92665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First,

Sex, (state whether male or female) Male,

2. *Race or Color, (if not of the white race)* White,

3. *Date of Birth,* March 3d 1887

4. *Place of Birth, (Street and Number)* Maternite, 113 & 115 W. Lombard St.

5. *Full Name of Mother,* Mary Rockswell,

6. *Mother's Maiden Name,* Da,

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,* ——

9. *Father's Occupation,* ——

Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return. L. F. Onkrim, M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

HEALTH DEPARTMENT MAR 3 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 4 1893
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

City Printers and Stationers.

RETURN OF A BIRTH 92667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* March 3
4. *Place of Birth, (Street and Number)* 15 Booth st
5. *Full Name of Mother,* Ida Wilson
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Chester town md
8. *Full Name of Father,* Joe Wilson
9. *Father's Occupation,*
10. *Father's Birthplace,* Oyster Shucker

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Carrick

Address, 34 Boyd st

Remarks,

HEALTH DEPARTMENT, MAR 4 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18—

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 1887

4. Place of Birth, (Street and Number) No 87 Vine St

5. Full Name of Mother, Ella Howard

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No 511 (10) Carlton St City

Remarks,

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

92669.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 2-29-53 Name: Agatha Pauline Colmus

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, March 3/[illegible]

4. Place of Birth, (Street and Number) No. 1714 S. Charles St.

5. Full Name of Mother, Dorothy A. Colmus

6. Mother's Maiden Name, " " Wegner

7. Mother's Birthplace, Prussia

8. Full Name of Father, Which Colmus

9. Father's Occupation, Glass Flatner

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Gems

Address, No. 634 Light St.

Remarks,

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 93670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd of March.

4. Place of Birth, (Street and Number) 217 N. Gay St.

5. Full Name of Mother, Elizabeth Orth

6. Mother's Maiden Name, " Sulter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Caspar Orth

9. Father's Occupation, Broom-maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary Walters

Address, 625 Penn (203) N. Caroline St.

Remarks,

HEALTH DEPARTMENT MAR 7 1887 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 93671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 3rd 1887

4. *Place of Birth, (Street and Number)* 84 S. Exeter st.

5. *Full Name of Mother,* Esther Abram

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Levy Abram

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 93673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 4th
4. Place of Birth (Street and Number),	1221 Peabody st
5. Full Name of Mother,	Agnes Frost
6. Mother's Maiden Name,	" Hooper
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thomas Frost
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gormley
Address,	960 N Gay st
Remarks,	

MAR 19 1887 BALTIMORE

for each offence, to be recovered as

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ 5 & 6th

1. *Sex (state whether male or female),* Male & Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 4th
4. *Place of Birth (Street and Number),* 9 Cemetre Lane Balto Co
5. *Full Name of Mother,* Charlotta Hartweg
6. *Mother's Maiden Name,* " Duffa
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Dietrick Hartweg
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 940 N Gay St

Remarks,

X

MAR 19 1887 BALTIMORE CITY

for each offence, to be recovered as other fines and ...

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 93674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 4, 1887

4. *Place of Birth, (Street and Number)* 3 Little Mc Elderry Sq.

5. *Full Name of Mother,* Christiane Hufnagle

6. *Mother's Maiden Name,* Sellzner

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* John Hufnagle

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Balto, Md.

Name of Medical Attendant, or other Person who makes this Return, Carolyn C. Miller

Address, A. J. Walker St. Balto. Md.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 22645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, March 4th 1887

4. Place of Birth, (Street and Number) 808 S. Bond St

5. Full Name of Mother, Kate Heiser

6. Mother's Maiden Name, " Hulong

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Heiser

9. Father's Occupation, Harness maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 114 S. Bond St

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

...o., City Printers and Stationers.

RETURN OF A BIRTH

92676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) 604 S. Freemont
5. Full Name of Mother, Maria Schmidt
6. Mother's Maiden Name, " Maldau
7. Mother's Birthplace, Germany
8. Full Name of Father, George Schmidt
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 166 S. Paca st.

Remarks,

HEALTH DEPARTMENT MAR 4 BALTIMORE MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

92677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 10 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex* ~~*(state whether* Male *or Female)*~~

2. *Race or Color* ~~*(if not of the* white *race)*~~

3. *Date of Birth* March 4th 1887

4. *Place of Birth (Street and Number)* B & O R R Supt dt's House Locust St.

5. *Full Name of Mother* Martha Elizabeth Louisa Agnes Belle Dunn

6. *Mother's Maiden Name* " " " " "

7. *Mother's Birthplace* Wheeling W Va.

8. *Full Name of Father* Richard Augustine Dunn

9. *Father's Occupation* Ex Captain

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return W K Way M D

Address 414 South Patterson Park Avenue

Remarks

RETURN OF A BIRTH 92678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, march 4 1887

4. Place of Birth, (Street and Number) 33 caroline st

5. Full Name of Mother, amanda harris

6. Mother's Maiden Name, amanda meeke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles harris

9. Father's Occupation, house carpenter

10. Father's Birthplace, baltimore city

Name of Medical Attendant, or other Person who makes this Return. mary conner 424

Address, patterson park avenue

Remarks,

HEALTH DEPARTMENT, MAR 10 1887 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 92679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 4th March 1887

4. *Place of Birth, (Street and Number)* No 417 [illegible] Ave

5. *Full Name of Mother,* Barbara Hinterwach

6. *Mother's Maiden Name,* Barbara Hall

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Hinterwach

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford Ave

Remarks, Med Bal

1887

HEALTH DEPARTMENT MAR 1887 BALTIMORE MD

City Printers and Stationers.

2-

RETURN OF A BIRTH 92680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 8 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Girl

Race or Color, (if not of the white race) Colord

Date of Birth, ~~March~~ march 4 1887

Place of Birth, (Street and Number) 1204 Wolf Street

Full Name of Mother, Sarah marshall

Mother's Maiden Name, Sarah Stafford

Mother's Birthplace, dor Chester county m d

Full Name of Father, Peter marshall

Father's Occupation, labor

Father's Birthplace, ~~Color~~ Chas Co m d

Name of Medical Attendant, or other Person who makes this Return. mother Gordon

Address, 125 East Street

Remarks,

ER & STATIONER, BALT.

RETURN OF A BIRTH 12681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 1897

4. Place of Birth, (Street and Number) 957 Penna Avenue

5. Full Name of Mother, Harriet V. Sullivan

6. Mother's Maiden Name, " Jordan

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wilford H. Sullivan

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Marbury Brown MD

Address, 1031 McCulloh St

Remarks,

HEALTH DEPARTMENT MAR 9 1897

, City Printers and Stationers.

RETURN OF A BIRTH 92682.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, March 4th 1887

Place of Birth, (Street and Number) No 22 Lee Street

Full Name of Mother, Mary Myers

Mother's Maiden Name, Mary Cockran

Mother's Birthplace, Baltimore

Full Name of Father, Thomas Cockran

Father's Occupation, Clerk

Fa[illegible]'s Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return — Mary E Anderson

Address, South East Corner Light and Williamson 3d

Remarks,

HEALTH DEPARTMENT MAR 9 1887 BALTIMORE, MD.

[illegible] AND STATIONERS

RETURN OF A BIRTH 92683,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1887

4. Place of Birth, (Street and Number) 1037 Lexington St

5. Full Name of Mother, Elizabeth Lanahan

6. Mother's Maiden Name, " " Buhl

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Dennis Lanahan Jr

9. Father's Occupation, Rags & Paper Stock & Dealer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hunter

Address, 21 & 23 Poppleton St

Remarks,

HEALTH DEPARTMENT MAR 9 1887 BALTIMORE, MD.

City Printers and Stationers.

92684

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 9 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	march 4th 1887
4. *Place of Birth (Street and Number)*	Regester Street 163
5. *Full Name of Mother*	Margaret Doyle
6. *Mother's Maiden Name*	Margaret Connor
7. *Mother's Birthplace*	Irland Europe
8. *Full Name of Father*	Patrick Doyle.
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ann E Ball
Address	2035 Fairmount ave.
Remarks	

RETURN OF A BIRTH.

9268.5.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Eugene Gamble

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4, 1887
4. Place of Birth (Street and Number)	1215 N. Gilmor St.
5. Full Name of Mother	Annie G. Gamble
6. Mother's Maiden Name	Annie G. McKeldin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James A. Gamble
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. H. Holbrook, M.D.
Address	613 N. Carey st (old No. 1857)
Remarks	

HEALTH DEPARTMENT
MAR 7 1887
BALTIMORE MD.

RETURN OF A BIRTH

92486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of March.

4. Place of Birth, (Street and Number) 288 Bond St.

5. Full Name of Mother, Annie Nicholson

6. Mother's Maiden Name, " Crane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Nicholson

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walters

Address, 125 N Caroline St.

Remarks,

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable,

Co., City Printers and Stationers.

RETURN OF A BIRTH 92687.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH DEPARTMENT MAR 4 1887 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the Dec

Sex, (state whether male or female) Meriet

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4 the 87

4. Place of Birth, (Street and Number) 606 S Ann st

5. Full Name of Mother, Rozi Gabris

6. Mother's Maiden Name, Gostomski

7. Mother's Birthplace, Ostreich Galicien

8. Full Name of Father, Ksawerj Gostomski

9. Father's Occupation, Labor

10. Father's Birthplace, Gesmarj

Name of Medical Attendant, or other Person who makes this Return. Marj Güthner

Address, 728 S Wolfe st

Remarks, to St Alphonsus Limiti March 5. the 87

Felix Broskowski 1732 Alis Ann sh

City Printers and Stationers.

RETURN OF A BIRTH 9268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1857

4. Place of Birth, (Street and Number) 723 Cumberland

5. Full Name of Mother, Mary J. Connolly

6. Mother's Maiden Name, O'Cullen

7. Mother's Birthplace, Va.

8. Full Name of Father, Jno. B. Connolly

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

HEALTH DEPARTMENT
MAR 3 1857
BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 92689.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 5th 1887

4. *Place of Birth, (Street and Number)* 94 Marsh Market Sp.

5. *Full Name of Mother,* Jennie Jacobson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Chiecle Jacobson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 12 N. Exeter st.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 92690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 March 1887

4. Place of Birth, (Street and Number) No 607 Campbell Street

5. Full Name of Mother, Emma Virginia Ogle

6. Mother's Maiden Name, Emma Virginia Grove

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Vinton Ogle

9. Father's Occupation, Labour

10. Father's Birthplace, Green Springs Ohio

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

HEALTH DEPARTMENT MAR 14 1887 BALTIMORE, MD.

City Printers and Stationers

RETURN OF A BIRTH 92691.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* march the 5th 1887

4. *Place of Birth (Street and Number),* Gay st No 1830

5. *Full Name of Mother,* Elmina Brown

6. *Mother's Maiden Name,* Elmina Norfolk

7. *Mother's Birthplace,* Baltimore md

8. *Full Name of Father,* George Brown

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bowers

Address, No 1600 Chester st near Belair ave

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 92692,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, the 5th of March 1887
4. Place of Birth (Street and Number), 2004 ~~Fedhel~~ Fedrel Balto
5. Full Name of Mother, Mrs Rate Brown
6. Mother's Maiden Name, Mrs Rate Lohnum
7. Mother's Birthplace, Germana
8. Full Name of Father, Jacob Brown
9. Father's Occupation, Cobber
10. Father's Birthplace, Germana

Name of Medical Attendant, or other person who makes this Return. Mrs Bauns

Address, No 1400 Chester st near Belair ave

Remarks,

For each Offence, to be recovered as other Mues and for feitures are recoverable.

MAR 15 1887 BALTIMORE

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 92693,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 5 1887
4. *Place of Birth (Street and Number),* 1258 Johnson st.
5. *Full Name of Mother,* Maria Wils
6. *Mother's Maiden Name,* Thiemann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emil Wils
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st.

Remarks,

BALTIMORE

for each offence, to be recovered as other fines and forfeitures are as forfeitable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH, 936904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 1st March 5th 1887
4. *Place of Birth, (Street and Number)* No 2204 Frederick Ave
5. *Full Name of Mother* Maggie Guethler
6. *Mother's Maiden Name* Maggie Rothsohn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Guethler
9. *Father's Occupation* Beer Brewer
10. *Mother's Birthplace* Germany

Name of Medical Attendant, or other Person who make) this Return. Catherine Doll.

Address No 837 Bantalow St

Remarks

RETURN OF A BIRTH 92695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Chal

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Born March 5th 1884

4. Place of Birth, (Street and Number) Cor. Dillon and Curley St

5. Full Name of Mother, Mrs Miranda Sollers

6. Mother's Maiden Name, Miss Miranda Norris

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Sollers

9. Father's Occupation, Labour

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other Person who makes this Return Mrs R. A. Gyler

Address, H 65 Burke St

Remarks,

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 92696.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5th 1887
4. *Place of Birth, (Street and Number)* 63. old No Harlem Ave. 841. New No
5. *Full Name of Mother,* Laura Kries.
6. *Mother's Maiden Name,* " Reidu.
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Peter Kries.
9. *Father's Occupation,* Plumber.
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mo

Address. 17 N. Calhoun St.

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 5 March 1887
4. Place of Birth, (Street and Number) No 933 Stirling St
5. Full Name of Mother, Augusta Dorkes
6. Mother's Maiden Name, Augusta Graf
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Dorkes
9. Father's Occupation, Boiler Binder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Ch. Lauer

Address, No 1057 Harford Ave

Remarks, Bal Md.

1887

City Printers and Stationers.

RETURN OF A BIRTH 92698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* March the 5th
4. *Place of Birth (Street and Number),* Baltimore Battery av No 1448
5. *Full Name of Mother,* Margret E A Dashields
6. *Mother's Maiden Name,* iser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H Dashields
9. *Father's Occupation,* Corker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

HEALTH DEPARTMENT, MAR 9 1867 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 92699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 Marsch

4. Place of Birth, (Street and Number) 1206 Eager St.

5. Full Name of Mother Veronie Anton

6. Mother's Maiden Name, Thoffmann

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Peter G. Anton

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager street

Remarks, died 21 Marsch with debilitation.

BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH 92700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 9 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth child

1. *Sex, (state whether male or female)* male child

2. *Race or Color, (if not of the white race)* colored child

3. *Date of Birth,* March the 5 1887

4. *Place of Birth, (Street and Number)* first St

5. *Full Name of Mother,* Mary V. Fractions

6. *Mother's Maiden Name,* Mary V. Anson

7. *Mother's Birthplace,* Shepherdstown W Va

8. *Full Name of Father,* William Fractions

9. *Father's Occupation,* Brick yard

10. *Father's Birthplace,* Winchester Va

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Darby Tomlin 308 Chesnut St

Remarks,

RETURN OF A BIRTH.

92701.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d~~, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 5
4. Place of Birth (Street and Number)	187 Edmonson Av
5. Full Name of Mother	Eliz. Willis
6. Mother's Maiden Name	Eliz. Braley
7. Mother's Birthplace	Hagerstown MD
8. Full Name of Father	C. F. Willis
9. Father's Occupation	Merchant
10. Father's Birthplace	Denton Md
Name of Medical Attendant, or other Person who makes this Return.	Robt K Kneass
Address	554 W. Fayette St
Remarks	

RETURN OF A BIRTH 92702.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* geborenden 5ten März

4. *Place of Birth, (Street and Number)* 105 Kempen Str

5. *Full Name of Mother,* Catt Beck

6. *Mother's Maiden Name,* Catt Fischer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Beck

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 92703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 7 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, &c.) 4te Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white) White

3. Date of Birth. geboren den 5ten März

4. Place of Birth, (Street and Number) № 519 Chester Str

5. Full Name of Mother, Cathy Koch

6. Mother's Maiden Name, Cathy Meier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johan Koch

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, № 517 S. Dallas Str

Remarks, Helfer

City Printers and Stationers.

RETURN OF A BIRTH 93704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 5th 1897

4. Place of Birth, (Street and Number) (Old) No 67 Hargrave Alley

5. Full Name of Mother, Mary Gaines

6. Mother's Maiden Name, " Murphy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Moses Gaines

9. Father's Occupation, Coachman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

HEALTH DEPARTMENT MAR 7 1897 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 5th

4. *Place of Birth (Street and Number),* No 1722 North Eden St

5. *Full Name of Mother,* Caroline Timmons

6. *Mother's Maiden Name,* Caroline Millinburg

7. *Mother's Birthplace,* Baltimore city md

8. *Full Name of Father,* Joseph D. Timmons

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Dorchester md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1787 W Charles Street

Remarks,

HEALTH DEPARTMENT MAR 5 1897 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

92706.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 17 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 —
1. Sex (state whether male or female)	female
2. Race or Color (if not of the white race)	W
3. Date of Birth	Mch 6
4. Place of Birth (Street and Number)	65 Bathing Ave
5. Full Name of Mother	Mary ~~Wilson~~ Reeder
6. Mother's Maiden Name	" Wilson
7. Mother's Birthplace	B. City
8. Full Name of Father	Saml Reeder
9. Father's Occupation	Laborer
10. Father's Birthplace	Md —
Name of Medical Attendant, or other Person who makes this Return.	Rev Phil's M.D.
Address	915 Light St
Remarks	

RETURN OF A BIRTH 92707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

Date of Birth, March 6th 1887

Place of Birth, (Street and Number) # 13th Church st Balto City

Full Name of Mother, Josephine Carroll

Mother's Maiden Name, Josephine Pully

Mother's Birthplace, Magothy MD

8. Full Name of Father, Phillip Carroll

9. Father's Occupation, Laborer

Father's Birthplace, Cistfield Eastern Shore MD

Name of Medical Attendant, or other Person who makes this Return. Sarah Jascar

Address, 224 Hughes St Balto

Remarks,

MAR 15 1887 BALTIMORE MD.

Co., City Printers and Stationers.

over 92708.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1887

1. Sex (state whether male or female), Male - CHARLES HARRY DEMPEWOLF
2. Race or Color (if not of the white race), White
3. Date of Birth, March 6th 1887
4. Place of Birth (Street and Number), 1433 S. Charles St.
5. Full Name of Mother, Elizabeth Dempewolf
6. Mother's Maiden Name, " " Feldmann
7. Mother's Birthplace, Balto
8. Full Name of Father, Otto Dempewolf
9. Father's Occupation, Piano - Maker
10. Father's Birthplace, N. Y.

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 610 S. Shaw St.

Remarks,

BRAND MAR 12 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9-1709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 6th 1887
4. *Place of Birth (Street and Number),* S. Central Ave. No 141
5. *Full Name of Mother,* Lusie Roßleder
6. *Mother's Maiden Name,* Lusie Lotz
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Theodor Roßleder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, S. Dallas St. No 114

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 92710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 6 1887

4. *Place of Birth (Street and Number),* 843 Leadenhall St

5. *Full Name of Mother,* Augusta Schneider

6. *Mother's Maiden Name,* Griese

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Andrew Schneider

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohmeyer M.D.

Address, 1032 Hanover St.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (92711)

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color very bright skin

3. Date of Birth. 6th

4. Place of Birth, (Street and Number) 258 aaburg st

5. Full Name of Mother, Cathrine Diggs

6. Mother's Maiden Name, Cathrine Stewart

7. Mother's Birthplace, Chambersburg Pa

8. Full Name of Father, Charles Diggs

9. Father's Occupation, Labouer

10. Father's Birthplace, Chambersburg pa

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, No 166 Clinton ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this Section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

BALTIMORE, MD. JAN 12 1887

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

92712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 6, 1887
4. Place of Birth, (Street and Number) 2435 Alice Anna St.
5. Full Name of Mother, Kate Morris
6. Mother's Maiden Name, Kate Geyser
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Morris
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other Person who makes this Return. Mary L. Swayne
12. Address, 726 Luzerne St.
13. Remarks,

Report its birth to the Commissioner of Health, [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Vital Statistics 1887

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 6" 1887.
4. *Place of Birth (Street and Number),*	247 Canton Ave.
5. *Full Name of Mother,*	Mary Elizabeth Haywood
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father,*	James Haywood
9. *Father's Occupation,*	England
10. *Father's Birthplace,*	Machinist
Name of Medical Attendant, or other person who makes this Return	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 92714.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAR 10 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 6th 1887
4. *Place of Birth, (Street and Number)* No 1 on alley between Carolina and Dallas North of Orleans
5. *Full Name of Mother,* Eliza Jane Somerville
6. *Mother's Maiden Name,* " " Stewart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Somerville
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* St. Marys County

Name of Medical Attendant, or other Person who makes this Return H. Glasglow.

Address. No. 4 Elderry st, Extended

Remarks. This child was born with Spasms. It died March 10th 1887.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 9 7 15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 10 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	6th of March 1887
4. Place of Birth, (Street and Number)	513 Port street
5. Full Name of Mother,	Lizzie Jones.
6. Mother's Maiden Name,	Lizzie Flowers
7. Mother's Birthplace,	Bangor North Wales Great Britton
8. Full Name of Father,	George W. Flowers
9. Father's Occupation,	Seafaringman
10. Father's Birthplace,	Eastern Shore.
Name of Medical Attendant, or other Person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street for Justina Kunkel
Remarks,	Healthy.

for each offense to be recovered as other fines and forfeitures are.

..., City Printers and Stationers.

RETURN OF A BIRTH. 95/16.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (staie whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) female

2. *Race or Color*, (if not of the white race) Colored

3. *Date of Birth* born march 9 1887

4. *Place of Birth*, (Street and Number) 1027 Gilliss court

5. *Full Name of Mother*, Pallie Robinson

6. *Mother's Maiden Name*, Pallie Fell

7. *Mother's Birthplace*, eastern Shore Virginia

8. *Full Name of Father*, William Robinson

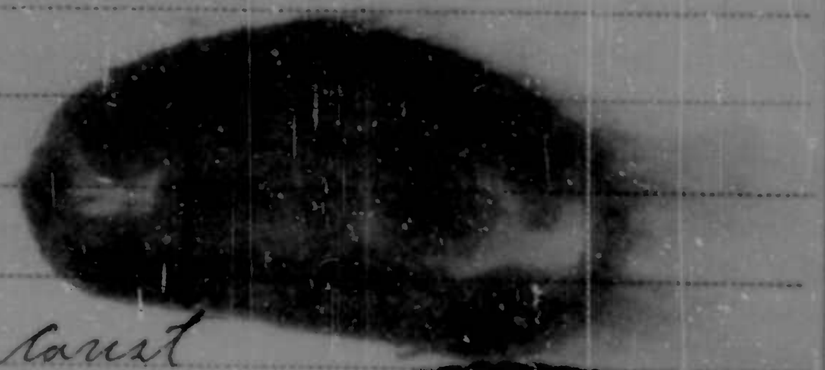
9. *Father's Occupation*, Labor

10. *Father's Birthplace*, eastern shore Virgina

Name of Medical Attendant, or other Perron who makes this Return. Mary E Jones

Address,

Remarks,



HEALTH DEPARTMENT
MAR 9 1887
BALTIMORE MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Child

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren den 6

4. Place of Birth, (Street and Number) No 502 Bond Str

5. Full Name of Mother, Catty Karezky

6. Mother's Maiden Name, Catty Karezky

7. Mother's Birthplace, Germania

8. Full Name of Father Charles Karezky

9. Father's Occupation, Labor

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 9278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH
MAR 7 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

Sex, (state whether male or female) [illegible]

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* gebaren den 6ter März

4. *Place of Birth, (Street and Number)* 604 S. Bond Str

5. *Full Name of Mother,* Henne Goldstuet

6. *Mother's Maiden Name.* Henne Kann

7. *Mother's Birthplace,* Germanie

8. *Full Name of Father,* Henrij Goldstuet

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

for each offence to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 92719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), male

2. Race or Color (if not of the white race), Colo

3. Date of Birth, march 6

4. Place of Birth (Street and Number), Baltimore City [illegible] Jensen Ally

5. Full Name of Mother, Anna Jane Booze

6. Mother's Maiden Name, Anna J Booze

7. Mother's Birthplace, Johnvill fredreck County Md

8. Full Name of Father, Elisha Booze

9. Father's Occupation, Laborer

10. Father's Birthplace, underandall County Md

Name of Medical Attendant, or other person who makes this Return. Marian Masons

Address, 50 37 Walnut Ally Baltimore

Remarks,

HEALTH DEPARTMENT MAR 7 1887 BALTIMORE MD

Who shall hereafter fail to comply with the provisions of this Return, for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, March 7/87

4. Place of Birth (Street and Number), Eastern Ave

5. Full Name of Mother, Maggie Bottler

6. Mother's Maiden Name, single

7. Mother's Birthplace, Virginien

8. Full Name of Father, Harry Wardell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 Washington St.

Remarks,

MAR 18 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 22721.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 7th 1887.
4. Place of Birth (Street and Number),	No 420 Duncan Alley
5. Full Name of Mother,	Elizabette Walters
6. Mother's Maiden Name,	Haines
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fredrick Walters
9. Father's Occupation,	Saloon
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Louise Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

MAR 10 1887 BALTIMORE

for each offence, to be recovered as other fines and

hing Co., City Printers and Stationers

RETURN OF A BIRTH 92722.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Mch 7th 1887
4. *Place of Birth (Street and Number),* #1039 Harford Av.
5. *Full Name of Mother,* Maggie Nigle
6. *Mother's Maiden Name,* " Simcoe.
7. *Mother's Birthplace,* Newark N. J.
8. *Full Name of Father,* F. Nigle.
9. *Father's Occupation,* Brakesman.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 New Number

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 92723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 7/87
4. *Place of Birth (Street and Number),* 16 Bonner Ave
5. *Full Name of Mother,* Sarah Stewart
6. *Mother's Maiden Name,* Sarah Moreland
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Moses Stewart
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return. Jane Moreland

Address, 16 Bonner Ave

Remarks,

for each offence, to be recovered as other fines and for

MAR 12 1887

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 92724.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 7 1887

4. Place of Birth, (Street and Number) 22 Booth street

5. Full Name of Mother, Rebecca Smith

6. Mother's Maiden Name, ——

7. Mother's Birthplace, Calvert Co. Md

8. Full Name of Father, James Smith

9. Father's Occupation, Fabren man

Father's Birthplace, Calvert Co

Name of Medical Attendant, or other Person who makes this Return. Mary C James

Address, 1121 Saratoga Street

Remarks,

HEALTH DEPARTMENT, MAR 11 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of the ... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH 92725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida May Meekins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (~~state whether male or~~ female),

2. Race or Color (if not of the white race), White

3. Date of Birth, March 7th 1887

4. Place of Birth (Street and Number), E. Fayette St. No. 1630.

5. Full Name of Mother, Julia May Meekins

6. Mother's Maiden Name, Julia May Spangler

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William H. Meekins

9. Father's Occupation, Woodworker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, 1 Dallas St. No. 114

Remarks, GIVEN NAME ADDED. 2-20-52

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 92726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, March 7th 1887
4. Place of Birth (Street and Number), N Durham No 1002
5. Full Name of Mother, Friederika Adelman
6. Mother's Maiden Name, Friederika Hillman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Friedrich Adelman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St. No 114

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE 15 1887

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92727.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Monday March 7th 87 at Half Past two

Place of Birth, (Street and Number) 10.18 W. Pratt St

Full Name of Mother, Winnefred Higgins

Mother's Maiden Name, " Abbey

Mother's Birthplace, County Galway, Ireland

Full Name of Father, Owen Higgins

Father's Occupation, Railroader

No. Father's Birthplace, Kentucky

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

...ERS AND STATIONERS

RETURN OF A BIRTH 92728,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 7th 1887
4. *Place of Birth, (Street and Number)* Iron Allie No 14, Baltimore
5. *Full Name of Mother,* Susan J. Stanlie
6. *Mother's Maiden Name,* Susan J. Giles
7. *Mother's Birthplace,* Easton Shore Dorchester, Co, MD
8. *Full Name of Father,* John F. Stanly
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easton Shore Dorchester, Co. MD

Name of Medical Attendant, or other Person who makes this Return Georgeanna Webb

Address, No 8 South Bethell near Baltimore St

Remarks, all is well and doing well

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (92729)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1887
4. *Place of Birth, (Street and Number)* 264 W. Lanvale St.
5. *Full Name of Mother,* Kate Thompson
6. *Mother's Maiden Name,* " France
7. *Mother's Birthplace,* City
8. *Full Name of Father,* A. E. Thompson
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return Wm. A B Sellman M.D.

Address, No. 5. East Biddle St.,

Remarks,

Within the period above required, except in the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 93730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 11 1887 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* March 7th 1887.

4. *Place of Birth, (Street and Number)* 2 Jefferson St

5. *Full Name of Mother,* Ida Church.

6. *Mother's Maiden Name,* Leach.

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Geo. H. Church

9. *Father's Occupation,* Boiler Maker

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 92731,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	Caucasian
3. *Date of Birth*	March 7, 1887
4. *Place of Birth, (Street and Number)*	957 Chestnut (old no)
5. *Full Name of Mother,*	Kate Goodman
6. *Mother's Maiden Name,*	" Lewyt
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Emmanuel Goodman
9. *Father's Occupation,*	Paper Carrier
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return.	D. Strett MD
Address,	408 N. Exeter St
Remarks,	

HEALTH DEPARTMENT MAR 8 1887 BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 937.32.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Mar. 7th 1887

4. *Place of Birth, (Street and Number)* 504 Mulberry St.

5. *Full Name of Mother,* Raphael D Lippincott

6. *Mother's Maiden Name,* Leonard

7. *Mother's Birthplace,* W. Va.

8. *Full Name of Father,* Wm. Henry Lippincott.

9. *Father's Occupation,* Postal Clerk

Father's Birthplace, W. Va.

Name of Medical Attendant, or other Person who makes this Return. J. J. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

HEALTH DEPARTMENT MAR BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recovered.

, City Printers and Stationers.

RETURN OF A BIRTH 92933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 8th 1887

4. *Place of Birth, (Street and Number)* 39 E. Lombard st.

5. *Full Name of Mother,* Sarah Carline

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Samuel Carlin

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

BALTIMORE, MD. MAR 11 1887

for each excess to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 25734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Eight of March 187[illegible]

4. *Place of Birth (Street and Number),* 403 South Charles St.

5. *Full Name of Mother,* Catharine Rebecca Beatty

6. *Mother's Maiden Name,* Catharine Rebecca Cadell

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Harry Jewel Beatty

9. *Father's Occupation,* Molder.

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH. 92735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 8th 1887
4. *Place of Birth, (Street and Number)* 920 Cope Alley
5. *Full Name of Mother,* Josephine Burane
6. *Mother's Maiden Name,* Josephine Wilson
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Richard Burane
9. *Father's Occupation,* Caulker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs M A Cottrell

Address, 86 E Montgomery st

Remarks, Sickness of Mrs Cause of delay

Report its birth to the Commissioner of Health, as the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

B MAR 17 1887 BALTIMORE

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 8 March
4. *Place of Birth (Street and Number),* 26. Millen St.
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Wunder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Carper

Address, 1016. East Lombard St.

Remarks,

HEALTH DEPARTMENT, MAR 14 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 8th 1887

4. Place of Birth (Street and Number), Burgundy Alley Balto: Md

5. Full Name of Mother, Theresa Bessel

6. Mother's Maiden Name, Theresa Lang

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George Henry Bessel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 Croll St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9738.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 8 1897

4. *Place of Birth (Street and Number),* 2212 Druid St.

5. *Full Name of Mother,* Lizzie Mc Coy

6. *Mother's Maiden Name,* Harrison

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Joe Mc Coy

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. J. Schnauber Midwife

Address, 1033 Hanover St.

Remarks,

MAR 15 1897 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

92739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8/87

4. Place of Birth, (Street and Number) 109 S. Collington ave

5. Full Name of Mother, Florence Plitt

6. Mother's Maiden Name, " Branon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Plitt

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

MAR 15 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 95740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 5 1911
4. *Place of Birth, (Street and Number)* Mephis Street 130
5. *Full Name of Mother,* Mary Mephis
6. *Mother's Maiden Name,* Mary Mason
7. *Mother's Birthplace,* Gibbsboro Tenn
8. *Full Name of Father,* Nathaniel Mephis
9. *Father's Occupation,* Mater
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Wilson

Address, Mephis Street 115

Remarks,

HEALTH DEPARTMENT, MAR 15 1911 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

93741.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, March 8 1887

4. Place of Birth, (Street and Number) No. 58 Oxford st

5. Full Name of Mother, Mary F. [redacted] Ross

6. Mother's Maiden Name, Mary F. Heath

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ira M. Ross

9. Father's Occupation, ~~Baltimore~~ Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Jamy T. Fulks M.D.

Address, No 134 old 312 New Pearl st

Remarks, Balto

MAR 12 1887 BALTIMORE, MD.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92742.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th and 6th.

1. Sex (state whether male or female), Males,
2. Race or Color (if not of the white race),
3. Date of Birth, March 8 1887
4. Place of Birth (Street and Number), 240 Gough St.
5. Full Name of Mother, Mrs. Annie Almira Hart Frazier
6. Mother's Maiden Name, Miss " " Hart
7. Mother's Birthplace, Balt Md
8. Full Name of Father, William Wallace Frazier
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return. G. G. Rank M.D.

Address, 2000 E. Balt St

Remarks, Natural delivery

HEALTH DEPARTMENT, MAR 11 1887 BALTIMORE, MD.

Who shall personally fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Highing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93743.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 11 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March 8th 1887
4. *Place of Birth (Street and Number)*	1224 Edmondson Av.
5. *Full Name of Mother*	Fini M. O'Brien
6. *Mother's Maiden Name*	" " Williams
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	James Obrien
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	City Practitioner
Address	26 S. Central Ave
Remarks	

RETURN OF A BIRTH 92704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* March 8th 1887

4. *Place of Birth (Street and Number),* No 747 Un...

5. *Full Name of Mother,* Mary Lee

6. *Mother's Maiden Name,* " Payne

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Samuel Lee

9. *Father's Occupation,* Waiter

Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 10 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd of Birth twenty

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* (8) 8th day March
4. *Place of Birth (Street and Number),* 1806 Hanover St
5. *Full Name of Mother,* Catharina Wicker
6. *Mother's Maiden Name,* Catharina Pfisterer
7. *Mother's Birthplace,* born Jagstheim Württemberg
8. *Full Name of Father,* Wm. H. Wicker
9. *Father's Occupation,* Tabo-erin Trug Factory
10. *Father's Birthplace,* born Ittersbach Baden

Name of Medical Attendant, or other person who makes this Return. Annamaria Goeller

Address, 1707 Hanover St

Remarks,

Baltimore

who shall hereafter fail to comply with the pre[illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9-2746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), —

3. Date of Birth, March 8 1887

4. Place of Birth (Street and Number), 247 S Washington Av

5. Full Name of Mother, Mrs. Elizabeth Lee Ward Majors

6. Mother's Maiden Name, Miss Elizabeth Lee Ford

7. Mother's Birthplace, Griffin, Georgia

8. Full Name of Father, Capt. William Dubs Majors

9. Father's Occupation, Mariner

10. Father's Birthplace, Pierquies Co. Md.

Name of Medical Attendant, or other person who makes this Return. H. G. Lusk M. D.

Address 2000 E Baer St

Remarks, Natural Delivery

BALTIMORE MD. MAR. 8 1887 HEALTH DEPARTMENT

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92 749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 8

4. *Place of Birth (Street and Number),* No 35 E. Lombard

5. *Full Name of Mother,* Jennie E Bridgtold

6. *Mother's Maiden Name,* Jennie E Nelson

7. *Mother's Birthplace,* Baltimore city md

8. *Full Name of Father,* Charles H Bridgtold

9. *Father's Occupation,* Tug Boat Pilot

10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1437 N Charles St

Remarks,

HEALTH DEPARTMENT MAR 9 1892 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92748.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, March 8th 87
4. Place of Birth, (Street and Number) No 90 Tyson st old No.
5. Full Name of Mother, Mary Francis Harris
6. Mother's Maiden Name, Mary Francis Ross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sebastin Harris
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return James S Fulks M.D.

Address, No 134 Old 312 New No Pearl st

Remarks,

HEALTH DEPARTMENT, MAR 9 1887 BALTIMORE, MD.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 9th
4. Place of Birth (Street and Number), 2 12 Camel Alley
5. Full Name of Mother, Lottie Wilson
6. Mother's Maiden Name, [illegible] Harris
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Lawrence Wilson
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address, 710 Tyson St

Remarks,

HEALTH DEPARTMENT MAR 19 1907 BALTIMORE MD.

...for each offence, to be recovered as other fines and forfeitures...

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Fourth Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 9th 1887
4. Place of Birth (Street and Number),	No. 4 Monroe St (Mayer)
5. Full Name of Mother,	Maggie Brendle
6. Mother's Maiden Name,	Maggie Litz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Adam Brendle
9. Father's Occupation,	Taylor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Litz
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92751.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9th of March
4. Place of Birth (Street and Number),	No 1562 Ridgely St.
5. Full Name of Mother,	Dora Neiberlein
6. Mother's Maiden Name,	Dora Schubert
7. Mother's Birthplace,	Hessen
8. Full Name of Father,	John M. Neiberlein
9. Father's Occupation,	Brewer
Father's Birthplace,	Bavern.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92752.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 9th 1887
4. *Place of Birth (Street and Number),* 26 N. Poppleton St
5. *Full Name of Mother,* Sarah Ellen Beadenkof
6. *Mother's Maiden Name,* S. E. Dutrow
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* John Elfrey Beadenkof
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Susan Sleenter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this Return, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 15 1887

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9, 1887
4. *Place of Birth, (Street and Number)* 1824 Point Lane
5. *Full Name of Mother,* Annie Popp
6. *Mother's Maiden Name,* " Weigel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Popp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 45 Walker St. Balto. Md

Remarks,

...or persons who shall hereafter ... for each offense to be recovered as other fines and forfeitures ...

...o., City Printers and Stationers.

RETURN OF A BIRTH 92754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* March 9th

4. *Place of Birth (Street and Number),* 125 Conway st

5. *Full Name of Mother,* Kate Vogel

6. *Mother's Maiden Name,* Kate Wich

7. *Mother's Birthplace,* Bavaria Germany

8. *Full Name of Father,* Phillip R Vogel

9. *Father's Occupation,* Metal Plater

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hellegonda Slifer

Address, 529 Columbia Ave

Remarks,

HEALTH DEPARTMENT, MAR 14 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

Sex (state whether male ~~or female~~),

2. Race or Color (if not of the white race), White

3. Date of Birth, March 9th 1887

4. Place of Birth (Street and Number), Lancaster St. No, 2502

5. Full Name of Mother, Lena Becker

6. Mother's Maiden Name, Lena Löffler

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Charles Becker

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N Dallas St. No 114

Remarks,

Who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to [illegible] of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible]

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third (92756)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Black
3. Date of Birth. Ninth of M 1887
4. Place of Birth, (Street and Number) Pierce st 148
5. Full Name of Mother, Anna Dorsey
6. Mother's Maiden Name, Anna Collins
7. Mother's Birthplace, anarundel county md
8. Full Name of Father, Charles Dorsey
9. Father's Occupation, Labouer
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return Lydia somerville

Address, 166 Clinto ave

Remarks,

MAR 12 1887 BALTIMORE MD

Within the period above required, except in the cases of the birth of a [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered [illegible] as are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92757.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 9, 1887
4. *Place of Birth, (Street and Number)* 2538 Lancaster St.
5. *Full Name of Mother,* Ida Horn
6. *Mother's Maiden Name,* Ida Haynes
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Horn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary L. Swayne

Address, 726 Luzerne

Remarks,

BALTIMORE MD. 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

92758.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* March 9th 1887
4. *Place of Birth, (Street and Number)* 101 Eastern Av
5. *Full Name of Mother,* Louisa Ricks
6. *Mother's Maiden Name,* " Martinburg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ricks
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address, 114 S. Bond St

Remarks,

BALTIMORE MD.

report its birth to the Commissioner of Health, [illegible] shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, or shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11th

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9th 1887

4. Place of Birth, (Street and Number) 14 Pitcher St.

5. Full Name of Mother, Mary J. Buchanan

6. Mother's Maiden Name, Mary J. Norbeck

7. Mother's Birthplace, Adams Co. Penna.

8. Full Name of Father, John H. Buchanan

9. Father's Occupation, Merchant

10. Father's Birthplace, Adams Co Penna

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, Cor Aisquith & Lafayette Ave

Remarks,

BALTIMORE MD. RECEIVED MAR 19 1887

for each offense to be recovered as other fines are recovered.

...o., City Printers and Stationers.

RETURN OF A BIRTH

92760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 9 1887

4. *Place of Birth, (Street and Number)* 934 Bonney St.

5. *Full Name of Mother,* Mary Slack

6. *Mother's Maiden Name,* Mary Bond

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Edward Slack

9. *Father's Occupation,* Laborer

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St

Remarks,

BALTIMORE CITY 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

92761.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colord

Date of Birth, March 9 1887

Place of Birth, (Street and Number) 14 horn St Baltimore Md

Full Name of Mother Caroline Hawkins age 17

Mother's Maiden Name, Caroline Hawkins

Mother's Birthplace, Colbert County Md

Full Name of Father, Wesley Curtis age 22

Father's Occupation, farming

Father's Birthplace, Colbert County Md

Name of Medical Attendant, or other Person who makes this Return Elen Caron

Address, 1026 Chappel Street city

Remarks,

HEALTH DEPARTMENT, MAR 14 1887 BALTIMORE MD.

TERS AND STATIONERS

RETURN OF A BIRTH 92762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) three Childrens

Sex, (state whether male or female) It is a Male

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, Born on the 10 of March 1887

4. Place of Birth, (Street and Number) No 354 Saratoga St Baltro

5. Full Name of Mother, emma hartman

6. Mother's Maiden Name, emma Kingsmer

7. Mother's Birthplace, Baltimore MD.

8. Full Name of Father, George Kingsmer

9. Father's Occupation, a Bartender

Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other Person who makes this Return. nonecesity

Address,

Remarks, Mid Wife hairrett hutson

No 1013 harmons lane Baltimore

or persons who shall hereafter fail to comply ... for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Co. City Printers and Stationers.

RETURN OF A BIRTH 92763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 10th 1887

4. *Place of Birth, (Street and Number)* 69 E. Pratt st.

5. *Full Name of Mother,* Jennie Kirshner

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Moses Kirshner

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 152 S. Exeter st. M

Remarks,

HEALTH DEPARTMENT MAR 18 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

92764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 19 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 10. 1887

4. *Place of Birth, (Street and Number)* 102 Preston St.

5. *Full Name of Mother,* Amelia A Rouse

6. *Mother's Maiden Name,* Williams Stevens

7. *Mother's Birthplace,* Balt City

8. *Full Name of Father,* William Rouse

9. *Father's Occupation,* Laborer.

Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. Mrs Kate Stevens

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92765.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 10th March
4. Place of Birth (Street and Number), No. 2522 Alice anne street
5. Full Name of Mother, Mrs Annie M. Elliott
6. Mother's Maiden Name, Annie M Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Thomas A Elliott
9. Father's Occupation, Grocery store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Wiley

Address, No. 611 Patterson Park Av.

Remarks,

MAR 10 1887 BALTIMORE

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* Mulatto

3. *Date of Birth,* March 10th 1887

4. *Place of Birth (Street and Number),* #812 Eager St

5. *Full Name of Mother,* Kate Johnson

6. *Mother's Maiden Name,* " Whitelow

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Isaac Johnson.

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Millegent

Address, #812 E. Monument St

Remarks, (Rear Number)

for each offence, to be recovered as other fines and forfeitures are recoverable

...shing Co., City Printers and Stationers

RETURN OF A BIRTH.

92767.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 18 1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~First~~ third
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 10
4. Place of Birth (Street and Number)	110, Montgomery Street
5. Full Name of Mother	Annie Smith
6. Mother's Maiden Name	" " Boone
7. Mother's Birthplace	Frederick
8. Full Name of Father	John Smith
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Francis Granby
Address	936 Leadenhall St
Remarks	doing well

GIVEN NAME ADDED 3.12.52

RETURN OF A BIRTH

92768.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Carroll Chambers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 10th 1887

4. Place of Birth (Street and Number), #118 Church st

5. Full Name of Mother, Sarah J Chambers

6. Mother's Maiden Name, Sarah J Newell

7. Mother's Birthplace, Alexandria Va.

8. Full Name of Father, Richard W. Chambers

9. Father's Occupation, Flagman

10. Father's Birthplace, Queen Anne Co

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cottrell

Address, #6 E Montgomery st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

ETURN OF A BIRTH 92769.

ce of Registrar of Vital Statistics, Board of Health, Baltimore City.

f Mother, (state whether 1st, 2d, 3d, &c.) 8 Adline Cooper

hether male or female) Female

r, (if not of the white race) Colored

March 10th

th, Street and Number) Castle st Ind'l

of Mother Adline Cooper

ide Name Adline Johnson

thplace, Baltimore Md

of Father, William J Cooper

cupation, Brick Maker

rthplace, Baltimore Md

edical Attendant, or other Person who makes this Return.

Elizabeth Micdonal 224 Bethal st

"

MAR 15 1887 BALTIMORE, MD.

RETURN OF A BIRTH 92770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 10th 87.
4. Place of Birth (Street and Number),	Schutzen Park, Belair Road
5. Full Name of Mother,	Margarethe Hoffman
6. Mother's Maiden Name,	Single
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Valentine Derschbach
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bauer
Address,	No 1400 Chester st near Belair ave
Remarks,	

for each offence, to be recovered as other fines and

hing Co., City Printers and Stationers

RETURN OF A BIRTH 92771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 10th 1887
4. *Place of Birth, (Street and Number)* 205 Wayne st.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Phebe J. Bond
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, 229 York Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

MAR 12 1887

..., City Printers and Stationers.

RETURN OF A BIRTH 92772.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 19 th 1887
4. Place of Birth (Street and Number),	416 Clement (St
5. Full Name of Mother,	Elizabeth Louisa Link
6. Mother's Maiden Name,	E. O. L. Baston
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Geo Fred Link
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Dr E Conway
Address,	
Remarks,	

who shall hereafter fail to comply with the provisions of this s... for each offence, to be recovered as other fines and forfeitures ...

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* March the 10th
4. *Place of Birth (Street and Number),* Baltimore Battery Av 1438
5. *Full Name of Mother,* Mary Hinkel
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hinkel
9. *Father's Occupation,* labour

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light St No 1514

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH MAR 15 1867 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 10 1867

4. Place of Birth, (Street and Number) Hearn Hall 20744

5. Full Name of Mother, Jennie Barker

6. Mother's Maiden Name, Jennie Wilson

7. Mother's Birthplace, Battlemore Md

8. Full Name of Father, George Barker

9. Father's Occupation, Laser

10. Father's Birthplace, Wet island

Name of Medical Attendant, or other Person who makes this Return. Dork Jane Wilson

Address, Naples Street 115

Remarks,

...of persons who shall, hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Case 92775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Helen Meredith Hutchins

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth March 10th 1887.
4. Place of Birth, (Street and Number) 906 N. Fremont St.
5. Full Name of Mother, Helen Hutchins.
6. Mother's Maiden Name, Helen Jacobs.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, R. E. L. Hutchins.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M. D.

Address, 309 St. Paul St. Est.d

Remarks, Child Healthy.

report its birth to the Commissioner of Health, in the manner [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 92776,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Mar 10 1887
4. Place of Birth, (Street and Number)	5 E. Monument
5. Full Name of Mother,	Catharine Brown
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Wm Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. Sheets M.D.
Address,	403 N. Exeter St.
Remarks,	

HEALTH DEPARTMENT, MAR 11 1887 BALTIMORE

Report its birth to the Commissioner of Health, in the number and within the time of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 10. 1887
4. Place of Birth, (Street and Number) 921 N Stricker St
5. Full Name of Mother, Emma Gilbert
6. Mother's Maiden Name, " Kaufman
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, J. L. Gilbert
9. Father's Occupation, Lumber yard
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD

Address, 1038 McCulloh St

Remarks,

HEALTH DEPARTMENT MAR 11 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fines and forfeitures are recoverable for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED. 12-12-56

RETURN OF A BIRTH

92778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Augustus Parker Walters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10. 1887
4. Place of Birth, (Street and Number) 606 W. Lanvale St
5. Full Name of Mother, Leah Sarah Walters
6. Mother's Maiden Name, " " West
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Walters
9. Father's Occupation, Carpenter
10. Father's Birthplace, Howard County Md

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address, 1031 McCulloh St

Remarks,

HEALTH DEPARTMENT, MAR 11 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the penalty for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 11th 1887
4. *Place of Birth, (Street and Number)* 108 E. Fayette st.
5. *Full Name of Mother,* Mollie Welder
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Wolf Welder
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

MAR 19 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92780.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colard.
3. Date of Birth, March, 11, 1887
4. Place of Birth, (Street and Number) Iron Allie, 20 new, Monroe
5. Full Name of Mother, Mahala, Ann, Gray
6. Mother's Maiden Name, Gray
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, Nace, Macredit
9. Father's Occupation, Sailor
10. Father's Birthplace, Cambridge, Dorchester County

Name of Medical Attendant, or other Person who makes this Return Georgiana Webb

Address, No 8 South Bethell St

Remarks, all is well

MAR 1887 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 23781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex (state whether male ~~or female~~),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 11th 1887

4. *Place of Birth (Street and Number),* S Caroline St No. 205

5. *Full Name of Mother,* Lizzie Betz

6. *Mother's Maiden Name,* Lizzie Hildebrand

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Jakob Betz

9. *Father's Occupation,* Taylor

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St. No. 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92782.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11th March 1887

4. *Place of Birth (Street and Number),* 855 North Howard St

5. *Full Name of Mother,* Bertha E. Herzog

6. *Mother's Maiden Name,* Bertha E Scheve

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* Philip J. Herzog

9. *Father's Occupation,* Gilder & Ornamenter

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Shunter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 18 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92783,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3: Abram

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 11, 1887

4. *Place of Birth (Street and Number),* 27, Little Inc. Elderz St

5. *Full Name of Mother,* Annie Joseph

6. *Mother's Maiden Name,* Annie Goldberg

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Myer Joseph

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Albemarle St c 1 103.

Remarks,

for each Offence, to be recovered as other fines and for

shing Co., City Printers and Stationers

GIVEN NAME ADDED 7-5-56

RETURN OF A BIRTH

92784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oscar Shumann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 11. March 1887
4. Place of Birth (Street and Number), 23. Granby St.
5. Full Name of Mother, Mary Shumann
6. Mother's Maiden Name, Frech
7. Mother's Birthplace, Europe
8. Full Name of Father, Oscar Shumann
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016. East Lombard St.

Remarks,

HEALTH DEPARTMENT, MAR 1887 BALTIMORE, MD.

Who shall [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 92785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light-Brown
3. Date of Birth March 11th 1887
4. Place of Birth, (Street and Number) # 605 Jasper St
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Jennings
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H. Smith
9. Father's Occupation, Cook.
10. Father's Birthplace, Born in North Tull

Name of Medical Attendant, or other Person who makes this Return. Louis Lane

Address, rear 642. ~~118~~ 2nd Jasper St

Remarks,

HEALTH DEPARTMENT, MAR 14 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines and forfeitures for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 92786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 11/87

4. Place of Birth, (Street and Number) 44 S. Exeter Str.

5. Full Name of Mother, Gittle Sitnitsky

6. Mother's Maiden Name, Gittle Elinger

7. Mother's Birthplace, Russia

8. Full Name of Father, Leeman Sitnitsky

9. Father's Occupation, Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ustman

Address, 207 S. Caroline Str.

Remarks,

HEALTH DEPARTMENT, MAR 14 '87 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 11th
4. Place of Birth, (Street and Number) 2011 Canton Av
5. Full Name of Mother, Kate Miller
6. Mother's Maiden Name, " Eileman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Miller
9. Father's Occupation, Cook
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 114 S. Bond St

Remarks,

BALTIMORE, MD. MAR 17 1887

or persons who shall hereafter fail to comply with the provisions of this ... to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... Co., City Printers and Stationers.

RETURN OF A BIRTH 92788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 12th 1887

4. *Place of Birth (Street and Number),* 136 Elliott Street, Canton

5. *Full Name of Mother,* Lilian Ann White

6. *Mother's Maiden Name,* Lilian Ann Knapp

7. *Mother's Birthplace,* Newport England

8. *Full Name of Father,* Tom Henry White

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Swansea South Wales

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Wiley

Address, No 611 Patterson Park Bv.

Remarks,

HEALTH MAR 13 1887 BALTIMORE MD

for each offence, to be recovered as other fines and [illegible]

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92789.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 12 1897

4. *Place of Birth (Street and Number),* 68 Browns Lane

5. *Full Name of Mother,* Louise Stahlmann

6. *Mother's Maiden Name,* Louise Lehnhart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Martin Stahlmann

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Friederike Keuler Midwife

Remarks, No 2116 West Pratt St

for each offence, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH BALTIMORE

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 12th 1887

4. *Place of Birth (Street and Number),* 121 Church st

5. *Full Name of Mother,* Julia Maguire

6. *Mother's Maiden Name,* Julia Williams

7. *Mother's Birthplace,* Calvert Co

8. *Full Name of Father,* Edmund Maguire

9. *Father's Occupation,* Police Officer

10. *Father's Birthplace,* Madison, Dorchester Co

Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Cottrell

Address, 6 E Montgomery st

Remarks, Mrs Cottrell has been ill since the birth

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, March 12. 1880

4. Place of Birth (Street and Number), 15 S. Chester St.

5. Full Name of Mother, Mrs. Louisa Jane Dryden Beauchamp

6. Mother's Maiden Name, Miss Louisa Jane Dryden

7. Mother's Birthplace, Somerset Co. Md.

8. Full Name of Father, Capt. William Stevens Beauchamp

9. Father's Occupation, Mariner

Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. C. C. Rush Tuck

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BALTIMORE MD.

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92792.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mar. 12, 1887
4. Place of Birth, (Street and Number) 210 Pleasant Alley
5. Full Name of Mother, Mary Owens
6. Mother's Maiden Name, Mary Kiggins
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Owens
9. Father's Occupation, Can-maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary L. Swayne

Address, 726 Lizerne St.

Remarks,

MAR 20 1887 BALTIMORE MD

Report the birth of the Child, and the Mother, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

92793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *[redacted] (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 12th 1887
4. *Place of Birth (Street and Number),* 787 George St
5. *Full Name of Mother,* Katherine Corrigan
6. *Mother's Maiden Name,* Wall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Patrick Corrigan
9. *Father's Occupation,*
10. *[redacted]ther's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppleton St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 93794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex (state whether male ~~or female~~),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 12th 1887

4. *Place of Birth (Street and Number),* Hillen St 1020

5. *Full Name of Mother,* Maria Borig

6. *Mother's Maiden Name,* Maria Sterner

7. *Mother's Birthplace,* Ornlan Bavaria Germany

8. *Full Name of Father,* Richard Borig

9. *Father's Occupation,* Laborer

Father's Birthplace, Bischofsweda Sachsen Germany

Name of Medical Attendant, or other person who makes this Return. Mary E Shiller

Address, N. Dallas St. No 114

Remarks,

MAR 24 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stati

RETURN OF A

To the Office of Registrar of Vital Statistics, B

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 106 [illegible]
5. *Full Name of Mother,* Mary
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* John
9. *Father's Occupation,* Breakesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs [illegible]

Address, 1838 [illegible]

Remarks, [illegible]

Wm J. C. Dulany Co., City Printers and Stationers.

...to secu...

...City of Baltimore

...every person practicing midwifery in the City of ...hereafter take place, sh... ...ep a true and correct ...hedule, to be furnish... the Commissioner of ...ve occurred under ... or her care during the ...he full name of each child, (if any shall have ...rents, the date and place of birth; and the ...of a certificate between the first and ...alth. In case the birth of any child ...ndered ... such birth, ... This schedule sh... ...n, and shall set forth as fa... been conferred) its sex, color, the ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Missing 92795-92798

RETURN OF A BIRTH 92799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 13th

4. *Place of Birth (Street and Number),*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,* Henri Ronfild

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

the Commissioner of Health, in the manner and time who shall hereafter fail to comply with the provisions for each offence, to be recovered as other debts and for

MAR 20 1907

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

(92800)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	13th March
4. Place of Birth (Street and Number),	1213 E Monument st
5. Full Name of Mother,	Mary De Ford
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	Caroline Co Md
8. Full Name of Father,	William E De Ford
9. Father's Occupation,	Express Driver
Father's Birthplace,	Queenann Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MAR 19 1907

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	~~13th March 1887~~ White
3. Date of Birth,	13th march. 1887
4. Place of Birth (Street and Number),	1214. South Paca St Balto md
5. Full Name of Mother,	Mary Benson Best
6. Mother's Maiden Name,	— " — Island
7. Mother's Birthplace,	England.
8. Full Name of Father,	Arthur Best
9. Father's Occupation,	Glassblower
. Father's Birthplace,	England.
Name of Medical Attendant, or other person who makes this Return.	Mrs Bunge
Address,	711 Cross St
Remarks,	

the Commissioner of Health, in the manner and within the period above required. And any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92802.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White race
3. Date of Birth, 13 March 1887
4. Place of Birth (Street and Number), n. nbr 704 Hanover St.
5. Full Name of Mother, Gertrude Elizabeth Hartmann
6. Mother's Maiden Name, " " Clasing
7. Mother's Birthplace, Weimar, near Cassel Hessen Germany
8. Full Name of Father, John William August Hartmann
9. Father's Occupation, Organist & Teacher of Music.

Father's Birthplace, Cassel, Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Bange 711 Cross Str.

Address, 711 Cross Street

Remarks, " "

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 25 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 13 Martz
4. Place of Birth (Street and Number), 341 Canton Avenuen
5. Full Name of Mother, Käthe Meÿer
6. Mother's Maiden Name, = Schütte
7. Mother's Birthplace, Papenburg Germ
8. Full Name of Father, Lambert Meÿer
9. Father's Occupation, Maschinist
10. Father's Birthplace, Papenburg

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 26 1897 BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female 1 (92804)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 13, 1887

4. Place of Birth, (Street and Number) 1609 Millimant St.

5. Full Name of Mother, Bettie Silversohn

6. Mother's Maiden Name, " Silversahn

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John B. Lacy

9. Father's Occupation, Painter

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, # 5 Walker St. Balto. Md.

Remarks,

BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

92805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 13 [illegible]

4. *Place of Birth, (Street and Number)* 1612 Mullikin St

5. *Full Name of Mother,* Sh Charlsine ~~Moore~~ Nickols

6. *Mother's Maiden Name,* Charlsine Moore

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Nickols

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 32 Register St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

MAR 7 1897 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 92806.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 13 1887
4. *Place of Birth (Street and Number),* No 118 Fulton Ave. Balto County
5. *Full Name of Mother,* Margarretta Oehrl
6. *Mother's Maiden Name,* Margarretta Wilhelm
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm. H. Oehrl
9. *Father's Occupation,* Expressman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

MAR 22 1887 BALTIMORE MD.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 (92807)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13 (1887)
4. *Place of Birth, (Street and Number)* 823 Columbia ave
5. *Full Name of Mother,* Cathrian Mary Frech
6. *Mother's Maiden Name,* Cathrian Mary Gleiser
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles. Frech
9. *Father's Occupation,* Plumber & Gas fitter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Mary E. Bentley

Address, No 929 S Paca st

Remarks, Child Living

Within the period above required, except in the cases of the parents and heirs of the registrar, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
Sex, (state whether male or female)	Girl
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	13th of March 1887.
4. *Place of Birth, (Street and Number)*	223 North Patterson Park Ave.
5. *Full Name of Mother,*	Katie Weigand
6. *Mother's Maiden Name,*	Katie Gerner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	George Gerner.
9. *Father's Occupation,*	Machiner.
Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel street per Justina Kunkel.
Remarks,	Healthy.

for each offense to be recovered as other fines and forfe

...ity Printers and Stationers.

RETURN OF A BIRTH 92809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child. 5th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 13th 1887

4. *Place of Birth (Street and Number),* 880 W. Baltimore st.

5. *Full Name of Mother,* Annie Mary Whalen

6. *Mother's Maiden Name,* Annie Mary Savage

7. *Mother's Birthplace,* County Dublin Ireland

8. *Full Name of Father,* James R. Whalen

9. *Father's Occupation,* Saloon

Father's Birthplace, County Limerick Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3" Child
Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 13th March 1886
4. Place of Birth (Street and Number),	No 1938 Mc Henry st
5. Full Name of Mother,	Mrs Annie Spittle
6. Mother's Maiden Name,	Miss " Keil
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr. Henry Spittle
9. Father's Occupation,	Machinist
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Miller
Address,	Old No 1017 west Pratt st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 92811.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 the child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* colord
3. *Date of Birth,* march 13 1887
4. *Place of Birth (Street and Number),* city vincin alley 1208
5. *Full Name of Mother,* larra verginver ~~[illegible]~~ warren
6. *Mother's Maiden Name,* larra verginver johnson
7. *Mother's Birthplace,* howard county
8. *Full Name of Father,* henry thomas warren
9. *Father's Occupation,* stone qury
10. *Father's Birthplace,* mongomry country

Name of Medical Attendant, or other person who makes this Return. jane warren

Address, vincin alley 1437

Remarks,

HEALTH DEPARTMENT MAR 14 1[illegible] BALTIMORE

the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

92812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth Geboren den 13ten März
4. Place of Birth, (Street and Number) No 603 Bettel Str
5. Full Name of Mother, Mary Mathesen
6. Mother's Maiden Name, Mary Wallewein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Shan Mathesen
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallas Str

Remarks Hebamme

HEALTH DEPARTMENT MAR 14 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 92813,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	14th March
4. Place of Birth (Street and Number),	800 East Lombard Street
5. Full Name of Mother,	Matilda Schaap
6. Mother's Maiden Name,	Wichs
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Schaap
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Caspar
Address,	1016 E. Lombard Street.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 28 1 37

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92814.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
2. Sex, (state whether male or female) 3.
3. Race or Color, (if not of the white race)
4. Date of Birth, 14 Mars 1887.
5. Place of Birth, (Street and Number) 1320. C Geres st. Locas. Point.
6. Full Name of Mother, Bängta. Lindqvist.
7. Mother's Maiden Name, u Nhordin
8. Mother's Birthplace, Y Rivik Europa. Sweden.
9. Full Name of Father, Harri Nhordin.
10. Father's Occupation, Läbermanv
11. Father's Birthplace, Rivik Europa Sweden

Name of Medical Attendant, or other Person who makes this Return

Address, Eastern Ave 1913.

Remarks,

Elin. Smitt.

STERS AND STATIONERS

RETURN OF A BIRTH.

92815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 18 1887

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 14th 1887
4. Place of Birth (Street and Number)	No 107. S. Carolina st
5. Full Name of Mother	Mary Grooms
6. Mother's Maiden Name	Mary Lattimore
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Theodore S. Grooms
9. Father's Occupation	Barber
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Thomas B. Evans M. D
Address	No 121 Jackson Square Balto, Md
Remarks	

RETURN OF A BIRTH 92816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Mar. 14/87

4. Place of Birth, (Street and Number) 41 Rose St.

5. Full Name of Mother, Mary Matthews

6. Mother's Maiden Name, Mary Speaks

7. Mother's Birthplace, Charles Co. Md

8. Full Name of Father, John H. Matthews

9. Father's Occupation, Waiter

10. Father's Birthplace, Charles Co. Md

Name of Medical Attendant, or other Person who makes this Return. F. P. Murphy M.D.

Address, 78 Maryland av.

Remarks,

ESTABLISHED MAR 24 1887 BALTIMORE CITY

for each offense to be recovered as other fines and for [illegible] recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 92817,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	14th of March
4. Place of Birth (Street and Number),	1022 Boyd St
5. Full Name of Mother,	Eleanor J. McDonald
6. Mother's Maiden Name,	E. J. McGann
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Mich! McDonald
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	21, 23 Poppleton St
Remarks,	

MAR 22 1867

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Marg 14th 1887
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,* Annie Ardle
6. *Mother's Maiden Name,* Elizabeth Cifort
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ardle
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany
11. *Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 21 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	11th March
4. *Place of Birth (Street and Number),*	1019 Sterrett aly.
5. *Full Name of Mother,*	Mary E. Kammer
6. *Mother's Maiden Name,*	" " Sachs
7. *Mother's Birthplace,*	Burgsinn Bayern
8. *Full Name of Father,*	John Hammer
9. *Father's Occupation,*	Works in Equitable Gas work's
10. *Father's Birthplace,*	Burgsinn Bayern
Name of Medical Attendant, or other person who makes this Return.	Nat Bange
Address,	711 Cross Stat
Remarks,	

* Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 25 1897

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child, of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 14th
4. *Place of Birth (Street and Number),*	745 Saco Court
5. *Full Name of Mother,*	Bertha Wethekamm
6. *Mother's Maiden Name,*	Bertha Backalarius
7. *Mother's Birthplace,*	Barmen Germany
8. *Full Name of Father,*	Christian William Wethekamm
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Barmen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bange
Address,	711 Iron Street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 14th March
4. *Place of Birth (Street and Number),* Peirce st. 201
5. *Full Name of Mother,* Saida Gempp
6. *Mother's Maiden Name,* Saida Myers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gempp
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 21, 23 Poppelton St

Remarks,

BALTIMORE 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93822.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

3. Date of Birth, March. 14. 1887.

4. Place of Birth, (Street and Number) 215 Wayne Street

5. Full Name of Mother, Annie Roberts

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, 229 York Street

Remarks,

MAR 19 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 92823,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	+
3. *Date of Birth,*	14 March
4. *Place of Birth, (Street and Number)*	106 E Franklin St
5. *Full Name of Mother,*	Fannie Brennan
6. *Mother's Maiden Name,*	— De Courcy
7. *Mother's Birthplace,*	Talbot Co.
8. *Full Name of Father,*	Ed. Brennan
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. Wilson
Address,	1008 Madison Ave
Remarks,	

BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92824.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Vo. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	~~Female~~ Male
Race or Color, (if not of the white race)	White
Date of Birth,	March 14 — 1887
Place of Birth, (Street and Number)	Bernan St
Full Name of Mother,	Lena Maag
Mother's Maiden Name,	Lena Schroeder
Mother's Birthplace,	Germany
Full Name of Father,	Charles Maag
Father's Occupation,	Shoemaker
0. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return	Geo A Strauss MD
Address,	9 E. Montgomery St
Remarks,	

TERS AND STATIONERS

RETURN OF A BIRTH

93825.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	6th ll.
2. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Mar. 14th ll. 1887.
4. *Place of Birth, (Street and Number)*	No. 37 West St.
5. *Full Name of Mother,*	Sarah E. Travers.
6. *Mother's Maiden Name,*	Sarah E. Foresyth.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	John A. Travers.
9. *Father's Occupation,*	Stevedore.
10. *Father's Birthplace,*	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Alfred B. Giles M. D.
Address,	1837 Bolton St.
Remarks,	

NTER & STATIONER, BALT.

RETURN OF A BIRTH.

93826.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* March 14 1887.
4. *Place of Birth (Street and Number)* No 559 Walnut Alley.
5. *Full Name of Mother* Mary Green.
6. *Mother's Maiden Name* Mary McCormick.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* James Green.
9. *Father's Occupation* a Laborer
10. *Father's Birthplace* Easton Maryland.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller. No 588 Biddle Alley.

Remarks

RETURN OF A BIRTH 92837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 15th

4. *Place of Birth (Street and Number),*

5. *Full Name of Mother,* Cari Hailand

6. *Mother's Maiden Name,* Ferer

7. *Mother's Birthplace,*

8. *Full Name of Father,* Hailand

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92838.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	colored
3. Date of Birth,	march 15th 1887
4. Place of Birth (Street and Number),	1334 Whitelock street
5. Full Name of Mother,	Henrietta Dawson
6. Mother's Maiden Name,	Henrietta Lewis
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James Dawson
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Frederick md
Name of Medical Attendant, or other person who makes this Return.	Hester Cutance
Address,	434 N monument st
Remarks,	

for each offence, to be recovered as other fines and forf

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

92829.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 15th 1887

4. *Place of Birth, (Street and Number)* 1015 N. Front St

5. *Full Name of Mother,* Mary Agnes Brimer

6. *Mother's Maiden Name,* Mary Agnes Lynch

7. *Mother's Birthplace,* Richmond Va

8. *Full Name of Father,* Charles Brimer

9. *Father's Occupation,* Laborer (General)

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person, who makes this Return. J. C. H. Laurence M.D.

Address, 105 Barclay St East Baltimore

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH 92850.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

state

2. Race or Color (if not of the white race), colored

3. Date of Birth, [illegible] 1887

4. Place of Birth (Street and Number), 78 Lancasthill avenue

5. Full Name of Mother, Mary Thornton

6. Mother's Maiden Name, Mary Stewart

7. Mother's Birthplace, Balto m D.

8. Full Name of Father, Jacob Thornton

9. Father's Occupation, Weaver

10. Father's Birthplace, [illegible] Balto [illegible]

11. Name of Medical Attendant, or other person who makes this Return. Mother's [illegible]

12. Address, [illegible]

13. Remarks,

[illegible]

who shall hereafter fail to comply with the provisions of this section shall be subject [illegible] person or persons for such offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Co., City Printers and Stationers.

RETURN OF A BIRTH 92831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15th 1887

4. Place of Birth, (Street and Number) 1882 Bernhard st

5. Full Name of Mother, Regina Palmer

6. Mother's Maiden Name, Regina Mentel

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Palmer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Kearney

Address, 1517 Byrd st

Remarks,

RETURN OF A BIRTH 92832.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 1878

4. Place of Birth (Street and Number), 506 White St

5. Full Name of Mother, Mary Imnper

6. Mother's Maiden Name, Mary Gunther

7. Mother's Birthplace, Germany

8. Full Name of Father; Conrad Imnper

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wellington du Pleiss

Address, 529 Columbia Ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 92833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 15th, 1887

4. Place of Birth (Street and Number), Baltimore 328 N. Gilmor St

5. Full Name of Mother, Annie R. O'Ferrall

6. Mother's Maiden Name, Annie Rebecca Strutt

7. Mother's Birthplace, Harford County Md.

8. Full Name of Father, Hugh O'Ferrall

9. Father's Occupation, Policeman

Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 023834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* march 15

4. *Place of Birth, (Street and Number)* 1K Centre Street

5. *Full Name of Mother,* Julia Bradford permane

6. *Mother's Maiden Name,* Julia Bradford

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Walter permane

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 79 Grand alley

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 15th 1887.
4. Place of Birth (Street and Number),	400 Chester Street.
5. Full Name of Mother,	Martha Jane Fowler
6. Mother's Maiden Name,	[redacted] Chard
7. Mother's Birthplace,	Anerandles County
8. Full Name of Father,	Richard Frances Fowler
9. Father's Occupation,	Anerand County Labor
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 15th 1887
4. *Place of Birth (Street and Number),*	1229 N Gay st
5. *Full Name of Mother,*	Laura C MacCubbin
6. *Mother's Maiden Name,*	" " Palmer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas W MacCubbin
9. *Father's Occupation,*	Carpenter
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N Gay st
Remarks,	

MAR 19 1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92837

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Name, Jessie Lee Riall
2. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
3. Sex, (state whether male or female) Female
4. Race or Color, (if not of the white race) White
5. Date of Birth, Mar 15th 1887
6. Place of Birth, (Street and Number) 361 Lafayette Ave
7. Full Name of Mother, Sarah E. Riall
8. Mother's Maiden Name, Dougherty
9. Mother's Birthplace, Woodberry Balto Co. Md.
10. Full Name of Father, John R. Riall
11. Father's Occupation, Traveling Salesman
12. Father's Birthplace, Phoenix - Balt. Co Md

Name of Medical Attendant, or other Person who makes this Return. E. N. Gee M. D.

Address, 602 N. Gay St

Remarks, 4-10-92

MAR 16 1887 BALTIMORE, MD.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 92838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 15th 1887
4. Place of Birth (Street and Number),	2112 Bank Street
5. Full Name of Mother,	Rachel A. Gilbert
6. Mother's Maiden Name,	" " Fisher
7. Mother's Birthplace,	Frederick Md.
8. Full Name of Father,	George T. Gilbert
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	James F. Shane. M.D., Asst. Com. of Health
Address,	
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92839.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH DEPARTMENT MAR 2 1887 BALTIMORE MD

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race)

4. Date of Birth, Mch 13th 87

5. Place of Birth, (Street and Number) 622 Brune St.

6. Full Name of Mother, Rose Lee Brittingham

6. Mother's Maiden Name, Rose Lee Carr

7. Mother's Birthplace, Balto City

8. Full Name of Father, Thos Brittingham

9. Father's Occupation, Plumber

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. D. G. Keller. MD

Address, 639 Franklin St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 15
4. Place of Birth, (Street and Number)	1109 McCulloh St
5. Full Name of Mother,	Ann Brown
6. Mother's Maiden Name,	Adams
7. Mother's Birthplace,	Balti.
8. Full Name of Father,	Joel Brown
9. Father's Occupation,	Clergyman
Father's Birthplace,	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	D. M. Wilson
Address,	1108 Mad. Ave
Remarks,	

for each offence to be recovered as other dues and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

93841

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Harriette Templeman
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1887
4. Place of Birth (Street and Number)	110 Madison Ave. Extended
5. Full Name of Mother	Ida Catherine Templeman
6. Mother's Maiden Name	Franck
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alex. Edwin Templeman
9. Father's Occupation	Merchant (wholesale Tobacco)
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	414 N. Greene
Remarks	Name added by undersigned. 7/2/31 Harriette Templeman.

RETURN OF A BIRTH. 92842.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* March 16th 88

4. *Place of Birth, (Street and Number)* No 16 Vincent Alley

5. *Full Name of Mother,* Mary Johnson

6. *Mother's Maiden Name,* Mary Scott

7. *Mother's Birthplace,* Baltimore md.

8. *Full Name of Father,* Charlie Johnson

9. *Father's Occupation,* Labor

Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Ellen Ferguson

Address, No 1022 Raborg St

Remarks, none

persons who shall hereafter fail to comply with the provisions of this section, and for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

938483.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16/87
4. Place of Birth (Street and Number)	127 Penna. Ave. Extended
5. Full Name of Mother	Mary Bertha Ruppersberger Juantz
6. Mother's Maiden Name	Baltimore Md.
7. Mother's Birthplace	Louis Ruppersberger
8. Full Name of Father	Butcher
9. Father's Occupation	Germany
10. Father's Birthplace	Louis W. Knight M.D.
Name of Medical Attendant, or other Person who makes this Return.	414 N. Greene
Address	
Remarks	

RETURN OF A BIRTH 93844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MAR 29 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	March 16th
4. Place of Birth (Street and Number),	114 Cross st
5. Full Name of Mother,	Eliza James Clark
6. Mother's Maiden Name,	Eliza James
7. Mother's Birthplace,	Dundas Ontario Canada
8. Full Name of Father,	John H. Clark
9. Father's Occupation,	Carpenter
Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	314 S. Howard Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

Guide Co., City Printers and Stationers.

Missing #92845

RETURN OF A BIRTH 92846.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 16/87
4. Place of Birth, (Street and Number)	1104 Madison Ave
5. Full Name of Mother,	Cecilia Bachrach
6. Mother's Maiden Name,	" Mailhouse
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Moses Bachrach
9. Father's Occupation,	Photographer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92847.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 16th March
4. *Place of Birth (Street and Number),* 14 S. Eden Street.
5. *Full Name of Mother,* Elizabeth Bartell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Charles Hoffmann
9. *Father's Occupation,*
10. *Father's Birthplace,* Both American Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard Street

Remarks, Not quite 7 mo. lived 10 min. dead.

BRANCH OFFICE, MAR 22 1887, BALTIMORE, MD.

...for each offence, to be recovered as other fines and ... are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

3. Date of Birth, 16 of March

4. Place of Birth, (Street and Number) 115 Hopkins Street

5. Full Name of Mother, Ida Rhodes

6. Mother's Maiden Name, Ida Cater

7. Mother's Birthplace, Battimore Md

8. Full Name of Father, Alfred Rhodes

9. Father's Occupation, Mason

10. Father's Birthplace, Galen Kent County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Mildon

Address, 115 Hopkins Street

Remarks,

BALTIMORE MD 1867

for each offense to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH 93849.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 16 march 1897

4. *Place of Birth, (Street and Number)* 323 Etaw court

5. *Full Name of Mother,* Sarah Brice

6. *Mother's Maiden Name,* Sarah parker

7. *Mother's Birthplace,* annerandeal Co

8. *Full Name of Father,* Jacob Brice

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other Person who make this Return Mrs Christy Jones

Address, 79 Canal alley

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 16. March
4. Place of Birth (Street and Number), 418 S. Front Street
5. Full Name of Mother, Mary Reynolds
6. Mother's Maiden Name, Marley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Reynolds
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Gaspee

Address, 1016 E. Lombard Street

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 92851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March the 16th 1887

4. *Place of Birth (Street and Number),* No 1600 Chester st near Belair ave Balto

5. *Full Name of Mother,* Maggie Nastvogel

6. *Mother's Maiden Name,* Maggie Wiessner

7. *Mother's Birthplace,* Lima Ohio

8. *Full Name of Father,* Rudolf Nastvogel

9. *Father's Occupation,* Beer Brewer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bruns

Address, No 1600 Chester st near Belair ave Baltimore

Remarks,

MAR 28 1887 BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92852.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
Sex (state whether male or female),	Male ~~White~~
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 16" 1887.
4. Place of Birth (Street and Number),	No 159 Madeira Alley
5. Full Name of Mother,	Kate Merryman
6. Mother's Maiden Name,	Steinmetz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Wilson Merryman
9. Father's Occupation,	Labore
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

* The person hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92853.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* March 16. 1887.

4. *Place of Birth, (Street and Number)* 218 York street

5. *Full Name of Mother,* Ida White

6. *Mother's Maiden Name,* Ida Dowding

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Aaron White

9. *Father's Occupation,* Oyster Shucker

Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Willie Grass

Address, #229 York Street

Remarks,

for each offense to be recovered as other fines are recoverable.

BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH 92854.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 17 of March 1887

4. Place of Birth (Street and Number), No 114 Eamor St

5. Full Name of Mother, Nellie Kelcher

6. Mother's Maiden Name, Nellie Dorgan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Kelcher

9. Father's Occupation, Ice Depot

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md 1887

MAR 19 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92855.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 17 of March 88

4. Place of Birth (Street and Number), No 1048 Chase

5. Full Name of Mother, Mary Henniger

6. Mother's Maiden Name, Mary Schubert

7. Mother's Birthplace, Germany

8. Full Name of Father, William Henniger

9. Father's Occupation, Farmer

Father's Birthplace, New Ark

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1034 Gaford Ave

Remarks, Bal Md

1887

MAR 10 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	march 17th 1887
4. Place of Birth (Street and Number),	536 Lambert
5. Full Name of Mother,	Louisa Smith
6. Mother's Maiden Name,	Louisa Taylor
7. Mother's Birthplace,	Anapolis M.D
8. Full Name of Father,	Wm Smith
9. Father's Occupation,	Janitor
10. Father's Birthplace,	West River Anne Arundel Co
Name of Medical Attendant, or other person who makes this Return.	Hester Cotanca
Address,	434 W. monument
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92857.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 17, 1887

4. Place of Birth, (Street and Number) 1914 Orleans St.

5. Full Name of Mother, Laura Osborne

6. Mother's Maiden Name, Laura Levi

7. Mother's Birthplace, Balto.

8. Full Name of Father, Thomas Osborne

9. Father's Occupation, Hutchster

10. Father's Birthplace, Anne Arundel

Name of Medical Attendant, or other Person who makes this Return, Mary L. Savagne

Address, 726 Luzerne St.

Remarks,

MAR 26 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, 17th of March
4. Place of Birth (Street and Number), 1045 Ridley Street 1045 Balto.
5. Full Name of Mother, Mary Ann Schäufele
6. Mother's Maiden Name, Mary Ann Risch
7. Mother's Birthplace, Boston Mass.
8. Full Name of Father, Adolf Wilhelm Schäufele
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Würtemberg Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bauer

Address, 711 Cross Street

Remarks,

this section shall be subjected to the fine of ten (10) dollars
who shall hereafter fail to comply with the provisions of this
for each offence, to be recovered as other fines and forfeitures

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore March 18th 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Baltimore March 17th 1887

4. Place of Birth (Street and Number), 2201 Eastern Ave.

5. Full Name of Mother, Lizzie Jenson.

6. Mother's Maiden Name, Lizzie Zimmerman.

7. Mother's Birthplace, America.

8. Full Name of Father, John Jenson.

9. Father's Occupation, Engineer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 410 South Wolfe St.

Remarks,

MAR 19 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

92860 ii

Cate No. of Child of Mother. 4

Color. White

March 17th

Birth, 7 9. Columbia

me of Mother, Nora Swartz

s Maiden Name. Nora Gerber

s Birthplace, Baltimore

ame of Father, Fred Swartz

Occupation, Laborer

s Bir[illegible]lace, Baltimore

ary Hanagan

2 Scott St

RETURN OF A BIRTH 93861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 5th —

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 18th. 1887.

4. *Place of Birth (Street and Number),* 241 S. Chapel St. (rear)

5. *Full Name of Mother,* Ida E. Smith —

6. *Mother's Maiden Name,* Ida E. Crisp —

7. *Mother's Birthplace,* Balto. Md —

8. *Full Name of Father,* Robert L. Smith

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto. Md —

Name of Medical Attendant, or other person who makes this Return. H. L. Dashiell Jr. M.D.

Address, 700 S. Broadway —

Remarks,

ng Co., City Printers and Stationers

RETURN OF A BIRTH 02862.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 18 1887

4. Place of Birth (Street and Number), 1045 Russell st

5. Full Name of Mother, Cela Randel

6. Mother's Maiden Name, Wiegleins

7. Mother's Birthplace, America

8. Full Name of Father, George Randel

9. Father's Occupation, Engineer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lawrence Middleton

Address, 1032 Hanover st

Remarks, " "

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 29 1887 BOARD OF HEALTH BALTIMORE

shing Co., City Printers and Stationers

RETURN OF A BIRTH 92863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18/87
4. Place of Birth, (Street and Number) (Newton) 229 Boundary Ave
5. Full Name of Mother, Mary V. Wylie
6. Mother's Maiden Name, " " Simpson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A Wylie
9. Father's Occupation, Pork-Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M D

Address, 600 N. Howard St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this Act, ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 93864.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
2. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	18th Inst.
4. Place of Birth, (Street and Number)	Orchard St. 550
5. Full Name of Mother,	Laura V. Moore
6. Mother's Maiden Name,	Laura V. Saunders
7. Mother's Birthplace,	Frederick
8. Full Name of Father,	William H. Moore
9. Father's Occupation,	Wagon Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah Saunders
Address,	550 Orchard St
Remarks,	

MAR 23 1897 CITY REGISTRAR'S OFFICE

TERS AND STATIONERS

RETURN OF A BIRTH 92865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, March 18th 1887

4. Place of Birth (Street and Number), N. W. Corner of Hanover & York

5. Full Name of Mother, Sarah Martin

6. Mother's Maiden Name, Sarah Ferbrick

7. Mother's Birthplace, Harford Co. md

8. Full Name of Father, John Martin

9. Father's Occupation, Tin & Sheet iron worker

Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 1737 South Charles st

Remarks,

...this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child. (92866)

1. Sex, (state whether male or female) ~~Male.~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th March

4. Place of Birth, (Street and Number) Burbstreet 524

5. Full Name of Mother, Alexe Haase

6. Mother's Maiden Name, " Asch.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ferdinand Haase

9. Father's Occupation, Butscher

10. Father's Birthplace, Duderstadt Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Glasgow

Address, Mobeleary St. No. 2327

Remarks, good helth.

MAR 22 1887 BALTIMORE MD.

within the period above required, except in the cases of the parents and heirs of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92867.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Mch 18th 1887
4. Place of Birth (Street and Number), 17 Bruce St
5. Full Name of Mother, Alice Bishop
6. Mother's Maiden Name, Alice Fritton
7. Mother's Birthplace, Snow Hill Md
8. Full Name of Father, Walter Bishop
9. Father's Occupation, Coachman
10. Father's Birthplace, Snow Hill Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BIRTH DEPARTMENT MAR 26 1887 BALTIMORE CITY

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
2. Sex (state whether male or female),	Male
3. Race or Color (if not of the white race),	Colored
4. Date of Birth,	March 18 1887
5. Place of Birth (Street and Number),	870 Calhoun St.
6. Full Name of Mother,	Emma Ray
7. Mother's Maiden Name,	Emma Hopkins
8. Mother's Birthplace,	Back Yard
9. Father's Occupation,	James Ray
10. Father's Birthplace,	Coachman
Name of Medical Attendant, or other person who makes this Return.	Back
Address,	Jane Moreland
Remarks,	10 E Bruce St

BALTIMORE CITY
MAR 26 1887

Who shall neglect or refuse to comply with the provisions of this Act shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(92869)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 18 of March on friday 1887
4. Place of Birth, (Street and Number) Roberts st 240
5. Full Name of Mother, Sousey Huggins
6. Mother's Maiden Name, Eceret
7. Mother's Birthplace, City
8. Full Name of Father, William Huggins
9. Father's Occupation, Paver
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Ladia Somerville

Address, 13 Clinton av

Remarks,

within the period above required, except in [illegible] of illegitimate children, and any person or persons who shall hereafter [illegible] this section shall be subject to a fine of ten dollars for each offence, [illegible] are recoverable.

MAR 28 1887
BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, March 18, 1887

4. Place of Birth, (Street and Number) 6. Read St.

5. Full Name of Mother, Pauline Cary

6. Mother's Maiden Name, Pauline Playford

7. Mother's Birthplace, Uniontown Pa

8. Full Name of Father, Sydney C. Cary

9. Father's Occupation, Coal Merchant

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard, M.D.

Address, 804 Madison Ave

Remarks, R. O. P., successful forceps delivery

HEALTH DEPARTMENT MAR 29 1887 BALTIMORE MD

RETURN OF A BIRTH 92871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Mar 18 1887

4. Place of Birth, (Street and Number) 117 Talbot St

5. Full Name of Mother,

6. Mother's Maiden Name, Mary Clinton

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks,

MAR 23 1887
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92872.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mch 18th 87
4. *Place of Birth, (Street and Number)* 1222 Gay
5. *Full Name of Mother,* Melissa Adler
6. *Mother's Maiden Name,* Melissa Staples
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Isaac Adler
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Daniel V. Moyer MD

Address, 728 Aisquith St

Remarks,

MAR 23 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 18 of March 1887
4. Place of Birth (Street and Number), No. 1202 Charles st
5. Full Name of Mother, Kate Anskor
6. Mother's Maiden Name, Kate Morrey
7. Mother's Birthplace, New Jersey
8. Full Name of Father, William Anskor
9. Father's Occupation, Labor
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, No. 128 West St

Remarks,

BALTIMORE, MD. MAR 22 1887

...the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH, 928714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Friday 8.15 o'clock PM March 18th 1887
4. *Place of Birth, (Street and Number)* 2811 O'Donnell St
5. *Full Name of Mother* Mary Miller
6. *Mother's Maiden Name* Mary Ross
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Alexander Miller
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. E. Richardson MD

Address 2830 O'Donnell St

Remarks Was call'd in to assist a Multipa face presentation Very large and peculer Shape head and face. Both Mother and child are now doing well, I think.

RETURN OF A BIRTH 92875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	18 th of March
4. Place of Birth (Street and Number),	2226 Fermount Ave
5. Full Name of Mother,	Elisabeth Schneider
6. Mother's Maiden Name,	Elisabeth Heim
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Johan Schneider
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill
Address,	207 N Castle St
Remarks,	

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines above mentioned are recoverable.

RETURN OF A BIRTH. 92876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth March 18th 1887

4. Place of Birth, (Street and Number) No. 308 S. Exter

5. Full Name of Mother, Agnes S. Shaw

6. Mother's Maiden Name, " " DeFoy

7. Mother's Birthplace, Delaware.

8. Full Name of Father, Edward Shaw,

9. Father's Occupation, Tinner

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. J Ridgway André M.D.

Address, 121 E Baltimore Street

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 19 of March 1887
4. Place of Birth (Street and Number), No 43 Abeye Alley
5. Full Name of Mother, Mary Moon
6. Mother's Maiden Name, Mary Green
7. Mother's Birthplace, New York
8. Full Name of Father, John Moon
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, No 128 West 7th

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 22 1887

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92878.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (~~state whether male or~~ female),

2. Race or Color (if not of the white race), White

3. Date of Birth, March 19th 1887

4. Place of Birth (Street and Number), Canton Ave. No. 1803

5. Full Name of Mother, Barbara Kaferlein

6. Mother's Maiden Name, Barbara Lauer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Kaferlein

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, N. Dallas St. No. 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19 of March 1887
4. Place of Birth, (Street and Number) 216 Hover Street
5. Full Name of Mother, Harriet Scott
6. Mother's Maiden Name, Harriet Blake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaiah Scott
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 315 King Street

Remarks,

MAR 24 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the [illegible] of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and [illegible] of the [illegible] Code.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, 14th of March 1887.

4. Place of Birth, (Street and Number) 1529 King Street

5. Full Name of Mother, Lotty Mason

6. Mother's Maiden Name, Lotty Queen

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Levin Mason

9. Father's Occupation, Oyster Shucker

Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 1616 Walker St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17/87
4. *Place of Birth, (Street and Number)*	209 S. Chapel
5. *Full Name of Mother,*	Mary Cleary
6. *Mother's Maiden Name,*	" Cosgrove
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father*	M. H. Cleary
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Westminster Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D
Address,	129 S Broadway
Remarks,	

for each offense to be recovered as other fines and forfeitures are recovered.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 19 March 1887 11

4. *Place of Birth (Street and Number),* No 128 West St

5. *Full Name of Mother,* Mary Bahlman

6. *Mother's Maiden Name,* Mary Henning

7. *Mother's Birthplace,* England

8. *Full Name of Father,* John Bahlman

9. *Father's Occupation,* Brick moulder

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, No 128 West St

Remarks, 11

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY
APR 22 1887

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-6

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 19th

4. Place of Birth (Street and Number), 75 Bute St

5. Full Name of Mother, Mary Hlafka

6. Mother's Maiden Name, Mary Pekloon

7. Mother's Birthplace, Germany

8. Full Name of Father, Josef Hlafka

9. Father's Occupation, Stone Carver

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hellejonda Olsen

Address, 529 Columbia Ave

Remarks,

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19 1887
4. Place of Birth, (Street and Number) Baltimore Parkin 21 [illegible]
5. Full Name of Mother, Wanda Freeman
6. Mother's Maiden Name, Wanda Robson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Robson
9. Father's Occupation, Cabor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. Mitchell

Address, Calvary Alley [illegible]

Remarks,

BALTIMORE CITY
MAR 28 1887
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March the 19
4. *Place of Birth, (Street and Number)* Baltimore Stock Holmes 822
5. *Full Name of Mother,* Carrie Fosse
6. *Mother's Maiden Name,* Carrie Fosse
7. *Mother's Birthplace,* Cambridge
8. *Full Name of Father,* Walter Booze
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lorraine Mills

Address, Stock Holmes Street 22

Remarks, Doing Well

BALTIMORE MD

Report is given to the Commissioner of Health, as the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19 : 11 45 P.M. 1887
4. *Place of Birth, (Street and Number)* 712 S. Wolf St.
5. *Full Name of Mother,* Barbara Noll
6. *Mother's Maiden Name,* B. Kern
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Noll
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle M.D.

Address, 1701 E Baltimore St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

MAR 23 1887 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	19 March
4. Place of Birth (Street and Number),	212 N. Eden Street
5. Full Name of Mother,	Caroline Bridenstein
6. Mother's Maiden Name,	Pietzenbringer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adolph Bridenstein
9. Father's Occupation,	Tavern Resturant
Father's Birthplace,	Europe Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard Street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92888.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 19. 87.
4. *Place of Birth, (Street and Number)*	699 George
5. *Full Name of Mother,*	Mary Burger
6. *Mother's Maiden Name,*	" Krug
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Frank Burger
9. *Father's Occupation,*	Huckster
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return.	L. C. Horn M.D.
Address,	Myrtle ave & Blueberry st.
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 92889,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 19 1897.
4. Place of Birth (Street and Number),	1433 Hanover St.
5. Full Name of Mother,	Katie Philipps
6. Mother's Maiden Name,	Lentz
7. Mother's Birthplace,	America.
8. Full Name of Father,	Henry Philipps
9. Father's Occupation,	Tinner.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover St.
Remarks,	

MAR 29 1897

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren den 19ten März
4. Place of Birth, (Street and Number) No 226. Langeäster Str
5. Full Name of Mother, Mary Heins
6. Mother's Maiden Name, Mary Antone
7. Mother's Birthplace, Germania
8. Full Name of Father, Peter Heins
9. Father's Occupation, Labor
10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517. S. Dallas St.

Remarks, Hebamme

MAR 21 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH

92891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, The 20 of March 1887
4. Place of Birth (Street and Number), No 5 Cuisquith Bal Cou
5. Full Name of Mother, Wilhemina Bless
6. Mother's Maiden Name, Wilhelmina Henning
7. Mother's Birthplace, Germany
8. Full Name of Father, George Bless
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1059 Hayford Ave

Remarks, Bal Md 1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 23 1887

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92892.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 20 1887.
4. Place of Birth (Street and Number),	102 West st.
5. Full Name of Mother,	Katie Bopp.
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	America.
8. Full Name of Father,	Frank Bopp.
9. Father's Occupation,	Teacher
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject and to the fine of ten ($10) dollars for each offence, to be recovered as other fines are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert McGonigle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 20 of March 1887

4. Place of Birth (Street and Number), No 15 1/2 Battery Ave

5. Full Name of Mother, Annie (McGonigle) McGonigle

6. Mother's Maiden Name, Annie Sutchky

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter (McGonigle) McGonigle

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, 1401 23 West St

Remarks,

who shall hereafter fail to comply with the provisions of this section [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 22 1887 BALTIMORE, MD.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 92894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 20 of March 1887
4. Place of Birth (Street and Number), No 5 Camden Cove
5. Full Name of Mother, Mary S. Lee
6. Mother's Maiden Name, Mary A. Mc Hermett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patt Lee
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, 14 128 West St

Remarks,

MAR 22 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 20th
4. Place of Birth (Street and Number), 631 Pierce street
5. Full Name of Mother, Clara Hall
6. Mother's Maiden Name, ... Green
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, James Hall
9. Father's Occupation, Labor
10. Father's Birthplace, West river
11. Name of Medical Attendant, or other person who makes this Return. Anni Johnson
12. Address, 710 Tyson street
13. Remarks,

MAR 20 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	20th of March 1887
4. Place of Birth, (Street and Number)	28 South Carrel strat
5. Full Name of Mother,	Annie Neisel
6. Mother's Maiden Name,	Annie Baer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Baer
9. Father's Occupation,	Pottery
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Crescintia Kunkel
Address,	113 North Chapel street for Justina Kunkel
Remarks,	Healthy

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92897.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20th 1887
4. Place of Birth, (Street and Number) 27 W West St Balt.
5. Full Name of Mother, Mary C Foster
6. Mother's Maiden Name, Mary C Chew
7. Mother's Birthplace, Balt.
8. Full Name of Father, George C Foster
9. Father's Occupation, Cook
10. Father's Birthplace, Mobile Ala

Name of Medical Attendant, or other Person who makes this Return. Mrs Willie Gross

Address, No. 229 York St Balt.

Remarks,

...for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 92898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 - 1887
4. Place of Birth, (Street and Number) 1711 Mosher St.
5. Full Name of Mother, Jessie Gettier
6. Mother's Maiden Name, " Ogle
7. Mother's Birthplace, Balt City
8. Full Name of Father, Charles Gettier
9. Father's Occupation, Printer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer Md

Address, 1931 McCulloh St.

Remarks,

BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 92899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 20, 1886

4. Place of Birth, (Street and Number) 806 Repert st Federal Hill

5. Full Name of Mother, ~~Miss~~ Mary Boxrey

6. Mother's Maiden Name, Miss Mary Boston

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Edward Dorsey

9. Father's Occupation, Laber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Abulla Brooks

Address, 1132 Warner St

Remarks, very sick

MAR 27 1886 DEPARTMENT OF HEALTH

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Rose Caroline Volz

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20th 1887

4. Place of Birth, (Street and Number) 310 S. Sharp St

5. Full Name of Mother, Emma Hess

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, John Volz

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr H. Gould

Address, 610 S Sharp St.

Remarks, CHILD'S NAME ADDED. 5-12-52

PRINTERS AND STATIONERS

RETURN OF A BIRTH 92901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* Feb. 20: 1887
4. *Place of Birth (Street and Number),* 1217 Valley
5. *Full Name of Mother,* Inez M. Brumble
6. *Mother's Maiden Name,* Cradall
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Wm Brumble
9. *Father's Occupation,* R. R. employé
10. *Father's Birthplace,* N. C.

Name of Medical Attendant, or other person who makes this Return. G Lane Tanneyhill

Address, 922 Madison ave

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 25 1887 BALTIMORE

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92902.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 20 of March 1897
4. Place of Birth (Street and Number), No 1423 Hanover St
5. Full Name of Mother, Johana Heithouse
6. Mother's Maiden Name, Johana Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, [illegible] Heithouse
9. Father's Occupation, [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, No 108 West St

Remarks, [illegible]

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 21 March 1887
4. *Place of Birth (Street and Number),* No 1263 Johnson st
5. *Full Name of Mother,* Amanda Joyner
6. *Mother's Maiden Name,* Amanda Fowler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Joyner
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sabina Grishaber

Address, No 128 West st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92904.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	21st March
4. *Place of Birth (Street and Number),*	1021 S. Lombard Street
5. *Full Name of Mother,*	Eva Baer
6. *Mother's Maiden Name,*	Zibbermann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Baer
9. *Father's Occupation,*	Dry Good Store
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Gasper
Address,	1016. S. Bombard Street.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	21st March
4. Place of Birth (Street and Number),	903 East Pratt Street
5. Full Name of Mother,	Bessie Smith
6. Mother's Maiden Name,	Hoskins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Smith
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Cashel
Address,	1016 E. Bombard Street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forf...

MAR 28 1917

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 92906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 21. 1887
4. *Place of Birth, (Street and Number)* 227 E. Hamburg St.
5. *Full Name of Mother,* K. J. Mariner
6. *Mother's Maiden Name,* Jennings.
7. *Mother's Birthplace,* N. Carolina
8. *Full Name of Father,* W. S. Mariner
9. *Father's Occupation,* Plummer.
10. *Father's Birthplace,* Somerset Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough.

Address, 13 E. Montgomery St.

Remarks,

BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner, and within the period, as are required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 21 March 1887
4. *Place of Birth (Street and Number),* No 269 William St
5. *Full Name of Mother,* Emma Scheihing
6. *Mother's Maiden Name,* Emma Filling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Scheihing
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sabine Grishaber

Address, No 128 West St

Remarks,

BALTIMORE, MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH. 22908.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21
4. *Place of Birth, (Street and Number)* Frederick Seventeen 21st
5. *Full Name of Mother,* Mary Bell
6. *Mother's Maiden Name,* Mary Cook
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Thomas Bell
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. C. Mitchell
12. *Address,* Caldwell Alley 1124
13. *Remarks,*

MAR 28 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 92909.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1887
4. *Place of Birth, (Street and Number)* 871 Harlem avenue
5. *Full Name of Mother,* Ella M. Allen
6. *Mother's Maiden Name,* Ella Mills.
7. *Mother's Birthplace,* Norfolk, Virginia
8. *Full Name of Father,* James Byron Allen
9. *Father's Occupation,* Auditor B & O R.R. Co
10. *Father's Birthplace,* Annapolis Md

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address, 871 Harlem avenue

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

92910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d -

1. Sex, (state whether male or female) Male -

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 21st - 1887 -

4. Place of Birth, (Street and Number) 83 Camden St -

5. Full Name of Mother, Sally Fox -

6. Mother's Maiden Name, Arthur -

7. Mother's Birthplace, Balto -

8. Full Name of Father, Henry Fox.

9. Father's Occupation, Cattle Dealer -

10. Father's Birthplace, Balto -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith. M.D.

Address, Harlem av. & Calhoun

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH 92911.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* Mar 21 1857

4. *Place of Birth, (Street and Number)* 1727 Eutaw St

5. *Full Name of Mother,* Maria J. Lucas

6. *Mother's Maiden Name,* Maria J Warford

7. *Mother's Birthplace,* Eastern Shore

8. *Full Name of Father,* Jacob Lucas

9. *Father's Occupation,* Tailor

Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Lucien Lee Warford

Address, 131 Register St

Remarks,

for each offense to be recovered as other fines and forfeitures

City Printers and Stationers.

RETURN OF A BIRTH 92912.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st
2. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21 87
4. *Place of Birth, (Street and Number)* 413 Decatur st Balto Md
5. *Full Name of ~~Mother~~ Father* John F. Callahan
6. *Mother's Maiden Name,* Emma E Spillane
7. *Mother's Birthplace,* Balto Md
8. *Full Name of ~~Father~~ Mother* Emma E Callahan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Cleveland Ohio
11. *Name of Medical Attendant,* or other Person who makes this Return Miss Ettie
12. *Address,* No 1619 Cuba St
13. *Remarks,*

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 9-2913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 21st 1887

4. Place of Birth, (Street and Number) No 1600 Fort Ave Baltimore

5. Full Name of Mother, Mrs Anna Wm Dellmannt

6. Mother's Maiden Name, Miss Anna Franke

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm Wm Dellmannt

9. Father's Occupation, Soldier

10. Father's Birthplace, Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettel

Address, No 1619 Cuba St

Remarks,

for each offense to be recovered as other fines and for

..., City Printers and Stationers.

RETURN OF A BIRTH 92914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Ml.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* March 24/07

4. *Place of Birth, (Street and Number)* 1513 E. Preston St.

5. *Full Name of Mother,* Mary E. Wilson

6. *Mother's Maiden Name,* " " Lecates

7. *Mother's Birthplace,* B.C.

8. *Full Name of Father,* John B. Wilson

9. *Father's Occupation,* Merchant

Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilson

Address, 99 S. Bdy

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

MAR 22 1907 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto March 24th 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Balto March 22nd 1887,
4. Place of Birth (Street and Number), 2054 Essex Street
5. Full Name of Mother, Sarah Engnoth
6. Mother's Maiden Name, Sarah Marks
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Engnoth
9. Father's Occupation, Brick Layer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend

Address, 410 South Wolfe St

Remarks, [illegible]

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female),	Male
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	March the 22 th
4. Place of Birth (Street and Number),	Elizabeth Lane No 1615
5. Full Name of Mother,	francis Carlton
6. Mother's Maiden Name,	Bratton
7. Mother's Birthplace,	Nork Carliner
8. Full Name of Father,	william Carlton
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hatton
Address,	Light St No 1514
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 02917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Dec. 22d 1897

4. Place of Birth, (Street and Number) 511 E Preston St.

5. Full Name of Mother, Maggie Miller

6. Mother's Maiden Name, Maggie Seeger

7. Mother's Birthplace, Germany

8. Full Name of Father, John Miller

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. W. L. Jones M.D.

Address, Cor. Greenmount Ave & Preston St.

Remarks,

BALTIMORE MD MAR 28 1898

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 1887 22nd March

4. *Place of Birth (Street and Number),* Baltimore 770 Hamburg St

5. *Full Name of Mother,* Martha O'Grady

6. *Mother's Maiden Name,* Martha Connolly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John O'Grady

9. *Father's Occupation,* Policeman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92919.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9 Child

1. Sex (state whether male or female), Male ~~Female~~
2. Race or Color (if not of the white race), White
3. Date of Birth, The 22 of March 1887
4. Place of Birth (Street and Number), No 1116 Gretz Ave
5. Full Name of Mother, Susan Schafer
6. Mother's Maiden Name, Susan Hochadel
7. Mother's Birthplace, Germany
8. Full Name of Father, Micheal Schafer
9. Father's Occupation, Cabnet Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Harford Ave

Remarks, Md Bal

1887

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

92920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John ~~Raymond~~ Gough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 23 of March 1887
4. Place of Birth (Street and Number), P 606 Patterson Park. Ave.
5. Full Name of Mother, Anna Mary Gough
6. Mother's Maiden Name, Haines
7. Mother's Birthplace, New Jersey.
8. Full Name of Father, John Thomas Gough
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Av.

Remarks,

HEALTH DEPARTMENT MAR 31 1888 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Child

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* The 23 of March 1887

4. *Place of Birth (Street and Number),* No 900 E. Madison

5. *Full Name of Mother,* Louise Lawrie

6. *Mother's Maiden Name,* Louise Helbing

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Lawrie

9. *Father's Occupation,* Cigar maker

10. *Father's Birthplace,* Winchester Va

Name of Medical Attendant, or other person who makes this Return. Mrs Th Lauer

Address, No 1059 Harford Av

Remarks, Bal Md

1887

This section hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth, March 24th 187[illegible]

4. Place of Birth, (Street and Number) New No 914 N Carey St.

5. Full Name of Mother, Mollie W. Crowd

6. Mother's Maiden Name, Mollie W. Gerber

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, Isaac E. Crowd

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. John J. R. Frazer M.D.

Address, New No 662 W Lexington St.

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

MAR 25 1887

...o., City Printers and Stationers.

RETURN OF A BIRTH

92923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th -

1. *Sex, (state whether male or female)* Male -
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 24th - 1887 -
4. *Place of Birth, (Street and Number)* 280 W. Lanvale st -
5. *Full Name of Mother,* Lana Hissey -
6. *Mother's Maiden Name,* Glanding -
7. *Mother's Birthplace,* Balto -
8. *Full Name of Father,* Wm Hissey Jr -
9. *Father's Occupation,* Clerk -
10. *Father's Birthplace,* Balto -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith - M.D.

Address, Harlem av, & Calhoun -

Remarks,

MAR 29 1887

...or persons who shall hereafter fail to comply with the provisions ... subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures ...

...o., City Printers and Stationers.

RETURN OF A BIRTH 92934.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 24 March

4. Place of Birth (Street and Number), 520 Canton Ave

5. Full Name of Mother, Balasa Schieslein

6. Mother's Maiden Name, = Bauernschmidt

7. Mother's Birthplace, Balt

8. Full Name of Father, Georg Schieslein

9. Father's Occupation, Laborer

Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth (92925)
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March. 24/87
4. *Place of Birth, (Street and Number)*	2238 E. Monument St.
5. *Full Name of Mother,*	Rose
6. *Mother's Maiden Name,*	Davis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James W. Moore
9. *Father's Occupation,*	Machinist
Father's Birthplace,	D. C.
Name of Medical Attendant, or other Person who makes this Return	Dr. Smallwood
Address,	919 E. Monument St.
Remarks,	

BALTIMORE

within the period above required, except in the case of stillborn children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. ~~92909.~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third (92926.)

1. Sex, (state whether male or female) Fl Female
2. Race or Color, (if not of the white race) colard
3. Date of Birth March 21th 1887
4. Place of Birth, (Street and Number) goodman alley No 2002
5. Full Name of Mother, Mrs Mary ella palmar
6. Mother's Maiden Name, Mary ella wriht
7. Mother's Birthplace, queen ann county Maraland
8. Full Name of Father, luis james palmer
9. Father's Occupation, stable boss

Father's Birthplace, North unberland verginia

Name of Medical Attendant, or other Person who makes this Return. Margert sprigs

Address, No 2 seldom st

Remarks,

HEALTH DEPARTMENT MAR 29 1887 BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAR 28 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 92927.
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	March tuesday th 22
4. Place of Birth, (Street and Number)	Getting st ni 8 23
5. Full Name of Mother,	Sicely Cooper
6. Mother's Maiden Name,	Sicely Hilton
7. Mother's Birthplace,	Saint Marys County
8. Full Name of Father,	Frank Cooper
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Saint marys County
Name of Medical Attendant, or other Person who makes this Return	Lydia somerville
Address,	13 Clinton ave
Remarks,	

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

93938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24th 1887
4. *Place of Birth (Street and Number)*	Res. 209 N Broadway
5. *Full Name of Mother*	Margaret Stansbury
6. *Mother's Maiden Name*	Nichol
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wm H Stansbury
9. *Father's Occupation*	Steam Fitter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address	4 N Broadway
Remarks	

RETURN OF A BIRTH 92929.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Mch 24 187
4. Place of Birth, (Street and Number) 1407 W. Lexington St.
5. Full Name of Mother, Katie A. Doyle
6. Mother's Maiden Name, Katie A. Flynn
7. Mother's Birthplace, Ireland
8. Full Name of Father, Daniel H. Doyle
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return, J. F. Keller MD

Address, 639 W. Franklin St.

Remarks, MM

MAR 29 1888

...or persons who shall hereafter fail to comply with the provisions of this Act, are subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are.

...o., City Printers and Stationers.

RETURN OF A BIRTH 92930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. two

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 24th 1887
4. Place of Birth (Street and Number), Baltimore, No. 910 Chase St.
5. Full Name of Mother, Annie E. Kennedy
6. Mother's Maiden Name, McDonald
7. Mother's Birthplace, County Wexford Ireland
8. Full Name of Father, Ambrose Kennedy
9. Father's Occupation, Labourer
10. Father's Birthplace, County Wexford Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

REGISTRAR OF VITAL STATISTICS MAR 29 1887 BALTIMORE CITY

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92931.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 24th March

4. Place of Birth (Street and Number), No 903 Burgunday St

5. Full Name of Mother, Susan Sparnberg

6. Mother's Maiden Name, Susan Freburger

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, J. B. Sparnenberg

9. Father's Occupation, Black Smith

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Mrs, Bauge,

Address, No, 111, Cross, St,

Remarks,

APR 1 1887

the Commissioner of Health, in the manner and within [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92932.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 85 P. M. 1887

4. Place of Birth, (Street and Number) 1909 Canton Ave

5. Full Name of Mother, Annie Eliz Riefner

6. Mother's Maiden Name, A. E. Kulb

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Henry Lawrence Riefner

9. Father's Occupation, Jeweler

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle MD

Address, 1701 E Balto. St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period as prescribed by the Regulations of the Board, and the persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9 29 33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5—

1. Sex, (state whether male or female) Female

2. Race or Color, ~~(if not of the~~ white race) —

3. Date of Birth, March 24 87—

4. Place of Birth, (Street and Number) 1221 McElderry St—

5. Full Name of Mother, Kate Rebecca Elliott Thompson

6. Mother's Maiden Name, B. C —

7. Mother's Birthplace, Wm J. Elliott

8. Full Name of Father, Carpenter

9. Father's Occupation, B. C

0. Father's Birthplace, Irving Miller 1207½ E. Monument St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92934.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th March 1887

4. Place of Birth, (Street and Number) 408 Fort Ave

5. Full Name of Mother. Ella Crispins

6. Mother's Maiden Name, Pruark

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Crispins

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yuvell

Address, 1 516 Fort Ave

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

Co., City Printers and Stationers.

RETURN OF A BIRTH 92935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1887

4. Place of Birth, (Street and Number) Corner Cathedral & Townsend

5. Full Name of Mother, Hattie Owens Dwyer

6. Mother's Maiden Name, Owens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Page Dwyer

9. Father's Occupation, Clergyman P E Church

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address, 915 Cathedral

Remarks,

BALTIMORE CITY

for each offense to be recovered as other fines and forfeitures are recovered.

., City Printers and Stationers.

RETURN OF A BIRTH. 92936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth February 25 1857

4. Place of Birth, (Street and Number) 31 Watson st

5. Full Name of Mother, Cath Mc Intire

6. Mother's Maiden Name, Cath Mc Shane

7. Mother's Birthplace, Balto

8. Full Name of Father, Philip Mc Intire

9. Father's Occupation, Clerk

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 19 Franklin st

Remarks,

MAR 28 1857

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(92937)

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* black
4. *Date of Birth,* Friday March the 25 1887
5. *Place of Birth, (Street and Number)* Pierce st 1056
6. *Full Name of Mother,* Louse Wright
7. *Mother's Maiden Name,* Louse Winchester
8. *Mother's Birthplace,* City
9. *Full Name of Father,* Harr Wright
10. *Father's Occupation,* Laborer
11. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return — Lydia F Somerville

Address, 13 Clinton ave

Remarks,

MAR 28 1887

STATIONERS AND STATIONERY.

RETURN OF A BIRTH 92938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th - 1887 -

4. Place of Birth, (Street and Number) 1825 Frederick av - new number

5. Full Name of Mother, Laura B - Appleby -

6. Mother's Maiden Name, Miller -

7. Mother's Birthplace, West Virginia

8. Full Name of Father, George W - Appleby.

9. Father's Occupation, Book - Keeper

Father's Birthplace, Washington - D. C.

Name of Medical Attendant, or other Person who makes this Return. R. Hes Goldsmith - M. D.

Address, Harlem av. & Calhoun st

Remarks,

MAR 29 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1'

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25 1887
4. *Place of Birth, (Street and Number)* No 17 Alleys Alley
5. *Full Name of Mother,* Louisa Brooker
6. *Mother's Maiden Name,* L Steffman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Brooker
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Catherine Tormey
12. *Address,* No 1517 Bryant st
13. *Remarks,*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 92940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Mar. 25, 1887

4. *Place of Birth, (Street and Number)* 601 Burke St.

5. *Full Name of Mother,* Mary Pulley

6. *Mother's Maiden Name,* Mary Pilkes

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* James Pulley

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. Mary L. Sawyer

Address, 12 E. Lanvale St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

MAR 26 1 87 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 92941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 26th 1887

4. *Place of Birth (Street and Number),* No. 2234. Fridrich Road

5. *Full Name of Mother,* Lena Schwenk

6. *Mother's Maiden Name,* Lena Pieske

7. *Mother's Birthplace,* Polen

8. *Full Name of Father,* David Schwenk

9. *Father's Occupation,* Bauer

10. *Father's Birthplace,* Wirttemberg

Name of Medical Attendant, or other person who makes this Return. Friederike Reuter Midwife

Address, 2116 West Fort

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

shing Co.: City Printers and Stationers

RETURN OF A BIRTH 92942.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 20 1[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	Feb 26th
4. Place of Birth (Street and Number),	101 Ohio avenue
5. Full Name of Mother,	Laura Wise
6. Mother's Maiden Name,	Laura Dixon
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Samuel Wise
9. Father's Occupation,	Steridore
10. Father's Birthplace,	Westminister Md
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	314 S. Howard St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26th

4. Place of Birth, (Street and Number) 816 N Howard St

5. Full Name of Mother, Melvina R. Waller

6. Mother's Maiden Name, Melvina R. May

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alexius G. Waller

9. Father's Occupation, Jeweler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 400 Cathedral St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period of time, and the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH.

92944.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 26th 1/87
4. Place of Birth (Street and Number) 416 [illegible] E Baltimore St
5. Full Name of Mother Anna Tillot Read
6. Mother's Maiden Name Anna Tillot
7. Mother's Birthplace New York
8. Full Name of Father Chas. S. Read.
9. Father's Occupation Merchant
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. J. M. Cockrill M.D.

Address 23. S. Broadway City

Remarks

HEALTH DEPARTMENT MAR 20 1887 BALTIMORE CITY

RETURN OF A BIRTH. 92945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5te

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 26 ten May 1887
4. Place of Birth, (Street and Number) Lenlob Strict No 124
5. Full Name of Mother, Lise Borndorn
6. Mother's Maiden Name, Bräsing
7. Mother's Birthplace, Germanien
8. Full Name of Father, August Borndorn
9. Father's Occupation, Hort Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Hiet Strict No 60.

Remarks,

APR 1 1887

Report its birth to the Commissioner of Health, in the manner and with the above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 92946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mar. 26, 1887
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Augusta Shaffer
6. *Mother's Maiden Name,* Augusta Folks
7. *Mother's Birthplace,*
8. *Full Name of Father,* John Herman Shaffer
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions [illegible] section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY DEPT. OF HEALTH
MAR 29 1887
BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race)
4. Date of Birth, March 26/87
5. Place of Birth, (Street and Number) 509 N Lexington St.
6. Full Name of Mother, Anna Kaufman
7. Mother's Maiden Name, Anna Gaines.
8. Mother's Birthplace, Balto Co.
9. Full Name of Father, August Kaufman
10. Father's Occupation, Saloon Keeper
11. Father's Birthplace, Balt. Co.

Name of Medical Attendant, or other Person who makes this Return. H G Keller MD

Address, 639 Franklin St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

2. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26 " 1887

4. Place of Birth, (Street and Number) N 1605 Clayton Court

5. Full Name of Mother, Mary Scherwenka

6. Mother's Maiden Name, Mary Kaiveeson

7. Mother's Birthplace, Germany

8. Full Name of Father, Anton Scherwenka

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517 Bynd St

Remarks,

ALTH DEPARTMENT MAR 26 1887 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, 26th March
4. Place of Birth (Street and Number), 1107 Fayette Street
5. Full Name of Mother, Tresie Harold
6. Mother's Maiden Name, Willox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustav Harold
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard Street

Remarks,

MAR 28 1887 BALTIMORE MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 92950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* February 22 1887
4. *Place of Birth, (Street and Number)* No 31 Ensor St
5. *Full Name of Mother,* Doney Gent
6. *Mother's Maiden Name,* Doney Heath
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Gent
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 69 Franklin

Remarks,

MAR 28 1887 BALTIMORE, MD.

or persons who shall be, after fail to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 92951.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	March 27 1881
4. *Place of Birth (Street and Number),*	507 West st.
5. *Full Name of Mother,*	Anna Boesser
6. *Mother's Maiden Name,*	Rudolph
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Boesser
9. *Father's Occupation,*	Piano maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 2 of March 1887
4. *Place of Birth (Street and Number),* No 1350 E Chase St
5. *Full Name of Mother,* Mary Ann Hughins
6. *Mother's Maiden Name,* Mary Ann Goulter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Hughins
9. *Father's Occupation,* Dougall
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. L. Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1887

HEALTH DEPARTMENT, MAR 29 1887, BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 (92953)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* march 27
4. *Place of Birth, (Street and Number)* 2222 gaul St
5. *Full Name of Mother,* Anna McGraw
6. *Mother's Maiden Name,* Anna Sumner
7. *Mother's Birthplace,* Lancaster
8. *Full Name of Father,* Samuel W McGraw
9. *Father's Occupation,* fruit packer
10. *Father's Birthplace,* Lancaster pa

Name of Medical Attendant, or other Person who makes this Return Mary Burton

Address, 1241 Chester St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

92954.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male HENRY WILCOX
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 27 87
4. *Place of Birth, (Street and Number)*	915 N. Calvert St
5. *Full Name of Mother,*	Ida Willis Wilcox
6. *Mother's Maiden Name,*	Hall
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Henry Wilcox
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Irving Miller M D
Address,	1207 E Monument
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92955.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. Child
Sex (state whether male or female),	Little. Girl
2. Race or Color (if not of the white race),	White. race
3. Date of Birth,	27th of. March 1887
4. Place of Birth (Street and Number),	No 326. Monore St
5. Full Name of Mother,	Mrs. Dörsinger
6. Mother's Maiden Name,	Miss. Carrie Uhlrich
7. Mother's Birthplace,	Born. Baltimore
8. Full Name of Father,	Mr. Dorsinger
9. Father's Occupation,	Laboror
Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	New. No 2127 west Pratt
Remarks,	

BALTIMORE, MD. APR 1 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, 27th of March

4. Place of Birth, (Street and Number) West St No 531

5. Full Name of Mother, Mitilder Johnson

6. Mother's Maiden Name, Mitilder Young

7. Mother's Birthplace, Cambridge Md D

8. Full Name of Father, William Johnson

9. Father's Occupation, Laberminan

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Cathrine Riley

Address, ~~4~~ Walker St No 618

Remarks,

...persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH

92957.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th of March 1887.

4. Place of Birth, (Street and Number) No. 20 North Durham street

5. Full Name of Mother, Barbra Heil

6. Mother's Maiden Name, Barbra Vogel.

7. Mother's Birthplace, Germany

8. Full Name of Father, Phillipt Vogel.

9. Father's Occupation Basket maker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Crescintia Kunkel.

Address, 213 North Chapel street per Justina Kunkel.

Remarks, Healthy.

for each offense to be recovered as other fines and forfeitures are

..., City Printers and Stationers.

RETURN OF A BIRTH 92958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) "

Sex, (state whether ~~male~~ or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 27 1897

4. *Place of Birth, (Street and Number)* 116 Francis st

5. *Full Name of Mother,* Helen Downes

6. *Mother's Maiden Name,* " Flenke

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Jno R. Downes

9. *Father's Occupation,* Upholster

10. *Father's Birthplace,* " Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Stevens

Address, 835 N. Eutaw St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH DEPARTMENT MAR 28 1897 BALTIMORE CITY

RETURN OF A BIRTH 92959.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Chr

1. *Sex, (~~state whether male or~~ female)*

2. *Race or Color, (~~if not of the~~ white race)*

3. *Date of Birth,* 3/27/87

4. *Place of Birth, (Street and Number)* 266 Franklin

5. *Full Name of Mother,* Gertrude Fennemann

6. *Mother's Maiden Name,* Dempsey

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Fennemann

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. A. Fennemann

Address, 601 Franklin

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	27th March
4. *Place of Birth (Street and Number),*	717 East Fayette Street
5. *Full Name of Mother,*	Rachael Kuntz
6. *Mother's Maiden Name,*	Becker
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Kuntz
9. *Father's Occupation,*	Shoemaker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 East Lombard Street
Remarks,	

for each offence, to be recovered as other fines and for

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

92961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 28 of March 1887

4. Place of Birth (Street and Number), No 1012 Canal St

5. Full Name of Mother, Mary Reed

6. Mother's Maiden Name, Mary Ernst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Reed

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann Schlauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible]

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 92962.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
2. Sex, (state whether male or female)	male
3. Race or Color, (if not of the white race)	Colored
4. Date of Birth,	March 28th 1887
5. Place of Birth, (Street and Number)	934 Little Pine Ly
6. Full Name of Mother,	Caraline ~~Dent~~ Newman
7. Mother's Maiden Name,	Caroline Dent
7. Mother's Birthplace,	Ellicott City
8. Full Name of Father,	Samuel Newman
9. Father's Occupation,	Rag-man
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Lucy Conish
Address,	906 London Alley
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines

Co., City Printers and Stationers

RETURN OF A BIRTH 92963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 28 March
4. *Place of Birth (Street and Number),* Chesnut St No 921.
5. *Full Name of Mother,* Lena Greinus
6. *Mother's Maiden Name,* Lena Bartels
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Greinus
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Alice Bunge

Address, No 711 Cross St

Remarks,

APR 1 1887 BALTIMORE CITY

the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 (92964)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* marsh 98
4. *Place of Birth, (Street and Number)* 204 doncon al
5. *Full Name of Mother,* vena costlow
6. *Mother's Maiden Name,* vena loftos
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* bartlet costlow
9. *Father's Occupation,* labor
10. *Father's Birthplace,* irelant

Name of Medical Attendant, or other Person who makes this Return

Address, Mary Bertnee

Remarks, 241 chester st

Within the period above required, except in the case of the Stillborn Children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 31 1898 BALTIMORE, MD

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 92965.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mch 28/87
4. *Place of Birth, (Street and Number)*	677 W. Fayette
5. *Full Name of Mother,*	Lilly A McCoy
6. *Mother's Maiden Name,*	" " Schaaf.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L. McCoy
9. *Father's Occupation,*	Undertaker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Brien M.D.
Address,	600 N. Howard St
Remarks,	

MAR 30 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH 92966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28" 87
Place of Birth, (Street and Number)	1628 Clarkson St.
Full Name of Mother,	Carrie M. Bell
Mother's Maiden Name,	Carrie M. Stephens
7. *Mother's Birthplace,*	Frdk Co. Md
8. *Full Name of Father,*	Saml. L. Bell
9. *Father's Occupation,*	Brakeman on B & O. R. R.
Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return.	B. F. Phillips M.D.
Address,	735 N Lombard St
Remarks,	

BALTIMORE MAR

of persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are.

Co., City Printers and Stationers.

RETURN OF A BIRTH

Old 92967.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bernard Russell Youngman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28 - 1884

4. Place of Birth, (Street and Number) Argyle Av. & Townsend St

5. Full Name of Mother, Laura Youngman

6. Mother's Maiden Name, Russell

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wm D. Youngman

9. Father's Occupation, Prison Steward

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Marburg Brewer Md

Address, 1031 McCulloh St

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

...o., City Printers and Stationers.

RETURN OF A BIRTH

92968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 29th

4. *Place of Birth, (Street and Number)* 9 N. Fremont ave

5. *Full Name of Mother,* Mrs Florence V Burrows

6. *Mother's Maiden Name,* " " Peregrey

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Jos A. Burrows

9. *Father's Occupation,* Chemist (?)

10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Hf Hill M.D.

Address, 1001 Edmondson ave

Remarks,

APR 7 1887

BALTIMORE

...o., City Printers and Stationers.

RETURN OF A BIRTH 92969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) ~~Female~~, Female.
2. Race or Color, (if not of the white race) —
3. Date of Birth, Mch 1st 1887.
4. Place of Birth, (Street and Number) S. E. Cor. Warner & Ostend Sts.
5. Full Name of Mother, Mollie J. Kelly.
6. Mother's Maiden Name, " " Conway.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Michl. J. Kelly.
9. Father's Occupation, Bar. tender.
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 152 Sharp. St.

Remarks,

BALTIMORE

...o., City Printers and Stationers.

RETURN OF A BIRTH

92970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. *Date of Birth,* March 1st.

4. *Place of Birth, (Street and Number)* No 812 Raborg St.

5. *Full Name of Mother,* Barbara Manger

6. *Mother's Maiden Name,* Summers.

7. *Mother's Birthplace,* Balto. City.

8. *Full Name of Father,* Geo. B. Manger

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, Cor. Columbia & Fremont Aves.

Remarks,

BALTIMORE HEALTH DEPARTMENT APR 18 1887 BALTIMORE

for each offence to be recovered as other fines and forfeitu

Co. City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	March 1st
4. *Place of Birth (Street and Number),*	No 1 Chestnut Alley
5. *Full Name of Mother,*	Lonenda Carter
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Presby Carter
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Was born Richmond Virginia
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	710 Tyson Street
Remarks,	

for each Offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 92972.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
Race or Color (if not of the white race),	White
Date of Birth,	March 2nd 1887
Place of Birth (Street and Number),	1015 E Preston St
Full Name of Mother,	Maggie Wheeler.
Mother's Maiden Name,	Parkinson.
Mother's Birthplace,	Baltimore
Full Name of Father,	John B Wheeler
Father's Occupation,	Machinist
Father's Birthplace,	Cambridge Md.
Name of Medical Attendant, or other person who makes this Return.	L. H. Seldner M. D.
Address,	1 E. Cor. Eager & Caroline Sts.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Wednesday March 2/87.

Place of Birth, (Street and Number) 49 Elliott St.

Full Name of Mother, Mary Gertrude Malone

6. Mother's Maiden Name, Mary Craig

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John E. Malone

9. Father's Occupation, Stevedore

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Pauline Liersemann

Address, Hare Street. No. 1225.

Remarks,

BALTIMORE

or persons who shall hereafter fail to comply with the provisions of the [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 92974.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

Sex (state whether male or female), female

Race or Color (if not of the white race), White

3. Date of Birth, 2 March

4. Place of Birth (Street and Number), 2428 Canton Avenue

5. Full Name of Mother, Mary Sand.

6. Mother's Maiden Name, = Siegert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Tomas Sand

9. Father's Occupation, Plumber

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St. (Canton)

Remarks,

MAR 26 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recovered.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

92975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 2 1887
4. *Place of Birth (Street and Number),* 12 N Ann St.
5. *Full Name of Mother,* Alwine Stange
6. *Mother's Maiden Name,* Lingemann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oscar Stange
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

BALTIMORE, MD. APR 5 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	March 2d 1887
4. Place of Birth (Street and Number),	20 Brewers Alley
5. Full Name of Mother,	Sarah Carter
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Talbott county md
8. Full Name of Father,	Samuel Carter
9. Father's Occupation,	Waiter
Father's Birthplace,	St mary county md
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	434 W. Monument st
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Second March 1887

4. Place of Birth, (Street and Number) No 205 Rock St

5. Full Name of Mother, Caroline Booker

6. Mother's Maiden Name, Caroline Stumph

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Booker

9. Father's Occupation, Brick Mason

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dombler

Address, 60 Schroeder St.

Remarks, "

MAR 31 1887

BALTIMORE

...for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 92978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eight
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	March Second
Place of Birth, (Street and Number)	No 19 Amity street
Full Name of Mother,	Rachel Carp
Mother's Maiden Name,	Minnie Black
Mother's Birthplace,	Rusia Poland
Full Name of Father,	Morris Carp
Father's Occupation,	Tailor
Father's Birthplace,	Rusia Poland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler.
Address,	60 Schroeder St.
Remarks,	

For each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 92979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Mar. 2 9/87 ~~Aisquith~~ St
4. *Place of Birth, (Street and Number)*	Aisquith St
5. *Full Name of Mother,*	Mary Wight
6. *Mother's Maiden Name,*	Kerr
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Jno. J. Wight
9. *Father's Occupation,*	Broker
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	H. T. Reynolds 122
Address,	722 Aisquith St
Remarks,	

HEALTH DEPARTMENT APR 1 1887 BALTIMORE CITY

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	
3. Date of Birth,	March 2nd 1880
4. Place of Birth (Street and Number),	1113 S. Sharp St
5. Full Name of Mother,	Adele Williams
6. Mother's Maiden Name,	Adele Prouse
7. Mother's Birthplace,	Province of Quebec Canada
8. Full Name of Father,	John Williams
9. Father's Occupation,	Glassblower
10. Father's Birthplace,	Lockport. New York
Name of Medical Attendant, or other person who makes this Return.	Miss Mundle
Address,	500 Leadenhall St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

92981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, March 2nd
4. Place of Birth (Street and Number), 137 Hamburg St.
5. Full Name of Mother, Maggie Stiebel
6. Mother's Maiden Name, " " Trenting
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis Stiebel
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Seadenhall St.

Remarks,

APR 2 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 2th 1887

4. *Place of Birth (Street and Number),* 814 Castle st.

5. *Full Name of Mother,* Birthe Miller

6. *Mother's Maiden Name,* " " Rice.

7. *Mother's Birthplace,* City

8. *Full Name of Father,* John Miller

9. *Father's Occupation,* Labrur

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz

Address, 1144 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

BALTIMORE CITY APR 1 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* March 2d 1887

4. *Place of Birth (Street and Number),* No 1024 Stockton St

5. *Full Name of Mother,* Laura Queen

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Ben Queen

9. *Father's Occupation,* Cart driver

10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

Who shall hereafter fail to comply with the provisions of this section and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 92984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 2 - 87

4. Place of Birth (Street and Number), No 608 Orleans St

5. Full Name of Mother, Mary Mayfield

6. Mother's Maiden Name, Mary Walsero

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel R. Mayfield

9. Father's Occupation, Morocco Finisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

for each offence, to be recovered as other fines and f

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 92985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Thursday March 3rd 1887
4. Place of Birth, (Street and Number)	1009 Fremont Place
5. Full Name of Mother,	Mary G. Lynch
6. Mother's Maiden Name,	Mary Gillon
7. Mother's Birthplace,	Washington D C
8. Full Name of Father,	Jos. Lynch.
9. Father's Occupation,	Laborer
Father's Birthplace,	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	Chas St. & Fremont Place
Remarks,	

for each offense to be recovered as other fines and penalties are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 92986.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 3rd 1887.

4. *Place of Birth (Street and Number),* 26 E Madison St.

5. *Full Name of Mother,* Margaret Wagner.

6. *Mother's Maiden Name,* Miller

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Wagner.

9. *Father's Occupation,* Clothing Cutter.

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, 1 E Cor Eager & Caroline Sts.

Remarks,

who shall hereafter fail to comply with the provisions of this [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered [illegible]

APR 4 1887 BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d (92987)

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3d March

4. *Place of Birth, (Street and Number)* 2422 E. Fayette

5. *Full Name of Mother,* Christina Oldham

6. *Mother's Maiden Name,* Gerhardt

7. *Mother's Birthplace,* N. Carolina

8. *Full Name of Father,* Alexander Oldham

9. *Father's Occupation,* Merchant

Father's Birthplace, N. Carolina

Name of Medical Attendant, or other Person who makes this Return E. F. Sons M.D.

Address, 1835 E. Baltimore st.

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 31 1[illegible] BALTIMORE MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 92988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 3/87

4. Place of Birth, (Street and Number) 114 S. Fulton R.

5. Full Name of Mother, Christina Pole

6. Mother's Maiden Name, Christina Schubert.

7. Mother's Birthplace, Germany 11

8. Full Name of Father, Charles H Pole

9. Father's Occupation, Painter

10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other Person who makes this Return. A. C. Pole

Address, 2102 Madison ave.

Remarks,

APR 2 1887

...or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

Missing 92989

RETURN OF A BIRTH 92990.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* Br
3. *Date of Birth,* Mar. 3. 1887
4. *Place of Birth, (Street and Number)* 57 N. Fremont
5. *Full Name of Mother,* Alice Hanson
6. *Mother's Maiden Name,* Kelley
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Jno. Hanson
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return — C. W. Huff

Address. 763 N. Fremont St

Remarks.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 92991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 3
4. *Place of Birth (Street and Number),* 11 Lyon St
5. *Full Name of Mother.* Mary Cohen
6. *Mother's Maiden Name,* " Haven
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Jim Cohen
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Holland Ave Balt.

Remarks,

for each offance, to be recovered as other fines and fo

APR 5 1887 BALTIMORE MD

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 92-992.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 3 - 87
4. *Place of Birth (Street and Number),* No 1315 N Gay St
5. *Full Name of Mother,* Mollie S. Ellis
6. *Mother's Maiden Name,* " " Sherwood
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John S. Ellis
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

BUREAU OF VITAL STATISTICS DEPARTMENT OF HEALTH

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 92993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 2 - 1887
4. Place of Birth (Street and Number),	917 No. 917 N Wolfe St
5. Full Name of Mother,	Catherine Slater
6. Mother's Maiden Name,	" Teafe
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Alexander Slater
9. Father's Occupation,	Can-maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 M'Donogh St
Remarks,	

g Co., City Printers and Stationers

RETURN OF A BIRTH 92994.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, March 3 - 87
4. Place of Birth (Street and Number), No 1718 Chew St
5. Full Name of Mother, Annie E. Gibson
6. Mother's Maiden Name, " " Easley
7. Mother's Birthplace, Balto
8. Full Name of Father, Oscar W. Gibson
9. Father's Occupation, Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 912 McDonogh St

Remarks,

BALTIMORE CO.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 92995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 3 March 1887

4. *Place of Birth (Street and Number),* 63 Madeira Alley

5. *Full Name of Mother,* Sophie Heisterbagen

6. *Mother's Maiden Name,* Bot

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Fritz Heisterbagen

9. *Father's Occupation,* Laboln

10. *Father's Birthplace,* Germ

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St

Remarks, 1

for each offence, to be recovered as other fines and forfeitures are recovered.

...ring Co., City Printers and Stationers.

RETURN OF A BIRTH

92996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	4th March 1887
4. *Place of Birth, (Street and Number)*	903 Hope St
5. *Full Name of Mother,*	Mary L. Sehley
6. *Mother's Maiden Name,*	Harrison
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob S. Sehley
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E. Yewell
Address,	516 Font Ave
Remarks,	

for each offense to be recovered as other fines are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH

92 277,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
Date of Birth,	Mch 4 1887
4. Place of Birth, (Street and Number)	17 West St.
5. Full Name of Mother,	Elmira Derbyshire
6. Mother's Maiden Name,	" Gosson
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Wm. Derbyshire
9. Father's Occupation,	Book-Agent
10. Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	725 Gunnet Ave
Remarks,	

RETURN OF A BIRTH 92998,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c~~.)

Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th March 1889

4. Place of Birth, (Street and Number) 44 Harlem Ave

5. Full Name of Mother, Etta S. Rogers

6. Mother's Maiden Name, " " Stone

7. Mother's Birthplace, Md

8. Full Name of Father, Geo P Rogers

9. Father's Occupation, Clk -

Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Geo W Foster

Address, 1 Waverly Terrace

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 92999,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether male or female),	male
Race or Color (if not of the white race),	Colored
Date of Birth,	March 4th 1887
Place of Birth (Street and Number),	128 Hoffman street
Full Name of Mother,	mrs John Bright
Mother's Maiden Name,	Peirce
Mother's Birthplace,	Charlotts Ville Va
Full Name of Father,	John Bright
Father's Occupation,	Waiter
Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	Chester Colence
Address,	484 W monument st
Remarks,	

BALTIMORE MAR 31 1887 BALTIMORE, MD.

...for each offence, to be recovered as other fines and ...

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 29 1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	March 4th
4. Place of Birth (Street and Number),	108 West street
5. Full Name of Mother,	Martha Pendleton
6. Mother's Maiden Name,	Martha Robinson
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wm Pendleton
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	3/4 S Howard street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* 4th March 1887
5. *Place of Birth, (Street and Number)* 1508 Burrough St
6. *Full Name of Mother,* Sophia Shaffer
7. *Mother's Maiden Name,* Shies
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* John Shaffer
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Gerwell

Address, 516 Fort ave

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 13002.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 4th 1887
4. *Place of Birth (Street and Number),* 2493 Canton Ave
5. *Full Name of Mother,* Lizzy Mohr
6. *Mother's Maiden Name,* " " Hecker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Mohr.
9. *Father's Occupation,* Grocers store.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Berg

Address, 1744 Bank st

Remarks,

for each offence, to be recovered as oth[illegible]

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93003.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White Race
3. Date of Birth, The fift day of March 1887
4. Place of Birth (Street and Number), Baltimore Nut No. 935 W. Baltimore St
5. Full Name of Mother, Mrs Elizebeth Henninghausen
6. Mother's Maiden Name, Mrs Elizebeth Haupt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Fredrick L C Henninghausen
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. His Munch

Address, 800 Seadenhall St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 93004.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 5th 1887
4. *Place of Birth, (Street and Number)* 315 S Paca St
5. *Full Name of Mother,* Emma V. Shaldon
6. *Mother's Maiden Name,* " " Birkhead
7. *Mother's Birthplace,* A. A. Co. Md
8. *Full Name of Father,* Edward Shaldon
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cocke M.D.

Address, 518 Hanover St Rooms B

Remarks, "

BALTIMORE CITY, MAR 28 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 93005.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 5th

4. *Place of Birth, (Street and Number)* 64 Bank Lr

5. *Full Name of Mother,* Virginia Owens

6. *Mother's Maiden Name,* Garrett

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Horatio Owens

9. *Father's Occupation,* Huckster

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Geo R Graham M D

Address,

Remarks,

for each offense to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

93106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5th 1887.

4. Place of Birth, (Street and Number) No Dallas St. Sq 226

5. Full Name of Mother, Kate Hennick

6. Mother's Maiden Name, Kate Küffler

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Hennick

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E Miller

Address, N Dallas St No 114

Remarks,

for each offense to be recovered as other fines and penalties are.

City Printers and Stationers

RETURN OF A BIRTH 93107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 5th. 1887
4. *Place of Birth (Street and Number),*	9018 Wolf St.
5. *Full Name of Mother,*	Rosia Heil
6. *Mother's Maiden Name,*	Rosia Shöenberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Heil
9. *Father's Occupation,*	Sheet Iron worker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Bell
Address,	647 S. E. cor Central av & Monument St
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

93008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of March 1887

4. Place of Birth, (Street and Number) 29 Bloome St.

5. Full Name of Mother, Lizzie Dieter

6. Mother's Maiden Name, Lizzie Bichy

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John A. Dieter

9. Father's Occupation, Paper Hangings

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address, 60 Schroeder St.

Remarks,

MAR 31 1887 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH 93009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 6 March

4. Place of Birth (Street and Number), 119 N. Bond St.

5. Full Name of Mother, Caroline Gardner

6. Mother's Maiden Name, " Schlitzberger

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Frank Gardner

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrich

Address, 1302 Holland St

Remarks, Balt

for each offence, to be recovered as other fines and

hing Co., City Printers and Stationers

RETURN OF A BIRTH 93010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* March 6 th

4. *Place of Birth (Street and Number),* No 2 Price st court

5. *Full Name of Mother,* Alice Chaney

6. *Mother's Maiden Name,* ..... Cary

7. *Mother's Birthplace,* Fredrfog co Md

8. *Full Name of Father,* William Chaney

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* St Michaels Maryland

Name of Medical Attendant, or other person who makes this Return Annie Johnson

Address, 710 Lyon st

Remarks,

for each offence, to be recovered as other fines and forfeitures

shing Co., City Printers and Stationers

RETURN OF A BIRTH

93 011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March the 4th
4. *Place of Birth (Street and Number),* 164 Cross St
5. *Full Name of Mother,* Mary Elisabeth Baker
6. *Mother's Maiden Name,* " " " " Jones.
7. *Mother's Birthplace,* Baltimore Cyty
8. *Full Name of Father,* William Henry Baker
9. *Father's Occupation,* Laborar
10. *Father's Birthplace,* Mainz Germany

Name of Medical Attendant, or other person who makes this Return. His Munch

Address, 800 Seadenhall St

Remarks,

for each offence, to be recovered as other dues and forfeitures are recoverable.

APR 2 1887

BALTIMORE, MD.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

93012.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Mch. 1. 87
4. Place of Birth, (Street and Number) 762 Franklin
5. Full Name of Mother, Nora Shultz
6. Mother's Maiden Name,
7. Mother's Birthplace, U.S.
8. Full Name of Father, H. P. Shultz
9. Father's Occupation, Shoe finisher
10. Father's Birthplace, U.S.

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 1819 Linden Av

Remarks,

BALTIMORE MD. APR 5 1887 HEALTH DEPARTMENT

any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

RETURN OF A BIRTH 93013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 4 1887

4. *Place of Birth, (Street and Number)* 12 d. Hubbard ct

5. *Full Name of Mother,* Kate Glynn

6. *Mother's Maiden Name,* Kate McDonald

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Thomas Glynn

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. E. R. Riley M.D

Address, 418 W. Lombard St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH. 93014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 6, 1887

4. Place of Birth, (Street and Number) 1312 N. Washington St.

5. Full Name of Mother, Annie Roe

6. Mother's Maiden Name, " Irwell

7. Mother's Birthplace, Caroline Co., Md.

8. Full Name of Father, Samuel Roe

9. Father's Occupation, Stone Cutter

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. W. W. White

Address, 1101 N Broadway

Remarks,

BALTIMORE CITY DEPARTMENT OF HEALTH APR 5

or p[illegible]ns who shall hereafter fail to comply with the pro[illegible] for each offence to be recovered as [illegible] and forfeitur[illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH 73015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 6th 1897

4. Place of Birth, (Street and Number) Maternity, 1134 1/2 W. Lombard St

5. Full Name of Mother, Barbara Straley

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland.

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. L. F. Cookman, M.D.

Address, 1134 1/2 W. Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

APR [illegible] BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 93016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March the 6th 1887
4. Place of Birth (Street and Number),	Patapsco st No 341
5. Full Name of Mother,	Augusta Weber
6. Mother's Maiden Name,	Augusta Englehart
7. Mother's Birthplace,	Baltimore Co Md
8. Full Name of Father,	Andrew Weber
9. Father's Occupation,	Baker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs S Selby
Address,	No 16 23 Pratt st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

93017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 7th 1887.

4. Place of Birth, (Street and Number) Maternite 113 & 115 W. Lombard St

5. Full Name of Mother, Emma Wilson.

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, —

9. Father's Occupation, —

Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

APR 6 1887 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 7
4. Place of Birth (Street and Number),	Baltimore Ridgley st 1118
5. Full Name of Mother,	Elisebeth Weber
6. Mother's Maiden Name,	Elizebeth Feilen
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Weber
9. Father's Occupation,	Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S L Shaffer
Address,	1139 Ridgley st
Remarks,	

Who shall neglect or fail to comply with the provisions of this Section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	white
3. Date of Birth,	7th of March
4. Place of Birth (Street and Number),	704 Forest St Baltimore
5. Full Name of Mother,	Kathern Finnigen
6. Mother's Maiden Name,	Kathern Kaufman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Finnigen.
9. Father's Occupation,	Clerk
Father's Birthplace,	New York.
Name of Medical Attendant, or other person who makes this Return.	Mrs. J Zink Midwife
Address,	521 North Exeter St.
Remarks.	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93020.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex (state whether male ~~or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, March 7th

4. Place of Birth (Street and Number), No 554 Barre Corner of Warner

5. Full Name of Mother, Sophia M ~~Miller~~ Loetz

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Julius A F Loetz

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, ~~Russian~~ Germany

Name of Medical Attendant, or other person who makes this Return. Miss Schenck

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

93121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex*, (state whether male or female) Male.
2. *Race or Color*, (if not of the white race) White.
3. *Date of Birth* March 7, 1892.
4. *Place of Birth*, (Street and Number) No. 1808 Hanford ave.
5. *Full Name of Mother*, Ida Watkins.
6. *Mother's Maiden Name*, Ida Wolff.
7. *Mother's Birthplace*, Pennsylvania
8. *Full Name of Father*, George Watkins.
9. *Father's Occupation*, Glass Blower.
10. *Father's Birthplace*, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Ruy. L. Elwell, M. D.,

Address, 1741 Hanford ave

Remarks,

e provisions of this section shall be subjected to the fine of ten (10) dollars
report its birth to the Commissioner of Health, as the
or persons who shall hereafter fail to comply with the pro
for each offence to be recovered as other fines and forfe

ov & Co., City Printers and Stationers.

RETURN OF A BIRTH 93022.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Mch. 7th 1887
4. Place of Birth (Street and Number), #1110 Somerset St
5. Full Name of Mother, C. Schisler
6. Mother's Maiden Name, " Branch.
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Schisler
9. Father's Occupation, Sink Cleaner.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St

Remarks. 1038 (New Number)

APR 7 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March the 7. 1887
4. Place of Birth (Street and Number),	Ramsey st No 1929
5. Full Name of Mother,	Anny McKannan
6. Mother's Maiden Name,	Anny Dailey
7. Mother's Birthplace,	ireland
8. Full Name of Father,	John McKannan
9. Father's Occupation,	Car driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 1623 Pratt st
Remarks,	

HEALTH DEPARTMENT APR 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March the 7 1887
4. Place of Birth, (Street and Number),	Cornhard st N° 1929
5. Full Name of Mother,	Anny E Ross
6. Mother's Maiden Name,	Anny Baker
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Baker
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Stelley
Address,	N° 1623 Pratt st
Remarks,	

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), male

Race or Color (if not of the white race), White

3. Date of Birth, March the 7 1887

4. Place of Birth (Street and Number), Stogden Alley No 45

5. Full Name of Mother, maggie grogen

6. Mother's Maiden Name, maggie

7. Mother's Birthplace, ireland

8. Full Name of Father, John grogen

9. Father's Occupation, labrer

10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 1623 Pratt St

Remarks,

HEALTH DEPARTMENT APR 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 73026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	March 7th
4. Place of Birth (Street and Number),	622 Pierce street
5. Full Name of Mother,	Grace Mackey
6. Mother's Maiden Name,	Carter
7. Mother's Birthplace,	Eastern Shore Virginia
8. Full Name of Father,	Henry Mackey ~~Eastern~~ ~~Shore Virginia~~
9. Father's Occupation,	Barber
10. Father's Birthplace,	Eastern shore Virginia
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	710 Tyson street
Remarks,	

for each offence, to be recovered as other fines and forfeitures

hing Co., City Printers and Stationers

RETURN OF A BIRTH 93027.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th/87
4. Place of Birth, (Street and Number) Old no. 316 Lex. St
5. Full Name of Mother, Rosa J. Eiseman,
6. Mother's Maiden Name, Rosa J. Grunsfelter
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Gerson Eiseman
9. Father's Occupation, Whol. Clothier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 400 Cathedral St

Remarks,

BOARD OF HEALTH MAR 8 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

9 6028.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7th.
4. *Place of Birth (Street and Number)*	Richmond St. No. 120
5. *Full Name of Mother*	Nellie Kober
6. *Mother's Maiden Name*	Carroll
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Kober
9. *Father's Occupation*	Hack driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Jane Guy
Address	# 208 N. Bond St.
Remarks	None

RETURN OF A BIRTH 93029.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (State whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 8th 1897
4. Place of Birth (Street and Number),	Stricker st No 303
5. Full Name of Mother,	Margaret Kennedy
6. Mother's Maiden Name,	Margaret Macarley
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Kennedy
9. Father's Occupation,	Machinest
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 16. 23 Pratt st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8th 1887
4. Place of Birth, (Street and Number) N. Poppelton Ltr 126 new Nu
5. Full Name of Mother, Margaretha Reisinger
6. Mother's Maiden Name, Heil
7. Mother's Birthplace, Habitzheim, Hessen Darmstadt
8. Full Name of Father, Fredrich Reisinger
9. Father's Occupation, Cabinetmacher
10. Father's Birthplace, Habitzheim Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler.

Address, 60 Schroeder St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH. 93031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth March 27 1887 (8)

4. Place of Birth, (Street and Number) W Boundary

5. Full Name of Mother, Mary McCloskey

6. Mother's Maiden Name, Mary Feeny

7. Mother's Birthplace, Ireland

8. Full Name of Father, Robt McCloskey

9. Father's Occupation, Machinist

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 19 Franklin St

Remarks,

MAR 28 1887 BALTIMORE, MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93032.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 9th 1897
4. Place of Birth (Street and Number),	709 W. Baltimore St.
5. Full Name of Mother,	Rosa Bernhard
6. Mother's Maiden Name,	Goldstein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Bernhard Bernhard
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	S. H. Feldner M.D.
Address,	S. W. Cor. Caroline & Eager Sts.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 9th 1897
4. Place of Birth (Street and Number),	729 N. Baltimore St.
5. Full Name of Mother,	Rosa Reuben
6. Mother's Maiden Name,	Helstein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Bernhard Reuben
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return.	S. H. Feldman. M. D.
Address,	S. E. Cor. Gardiner & Eager Sts
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH APR 4 1897 BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Negro
3. Date of Birth, March 9th '87
4. Place of Birth (Street and Number), 537 W. Biddle St.
5. Full Name of Mother, Willie Joice
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Va.
8. Full Name of Father, John Joice
9. Father's Occupation, Caterer
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene St.

Remarks, This child lived only seven hours.

APR 4 1887

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Wh.

Date of Birth, Mar. 9th 1887

Place of Birth, (Street and Number) 1117 E Back St

Full Name of Mother, Jennie S. Daugherty

Mother's Maiden Name, Sumner

Mother's Birthplace, Back City

Full Name of Father, Robt. H. Daugherty

Father's Occupation, undertaker

Father's Birthplace, Back City

Name of Medical Attendant, or other Person who makes this Return. E B Britton MD

Address, 124 S Broadway

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable

APR 4 1887

BALTIMORE CITY

RETURN OF A BIRTH 93036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1887

4. Place of Birth, (Street and Number) 601 Fort St

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name, White

7. Mother's Birthplace, Delaware

8. Full Name of Father, William Johnson

9. Father's Occupation, Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. Yewell

Address, 516 Font Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

93037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st Twin = Eleanor Margaret Graefe — Rose Sally Graefe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Twin 6d E. J. d.

1. Sex (state whether ~~male or~~ female), 2
2. Race or Color (if not of the white race), white
3. Date of Birth, 9 March 1887
4. Place of Birth (Street and Number), 516 Hamburg St
5. Full Name of Mother, Agnes Graefe
6. Mother's Maiden Name, Agnes Fritschner
7. Mother's Birthplace, Osterode. Germany.
8. Full Name of Father, Herman Graefe
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Langensalza Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Münch.

Address, corner. Montgomery & Leadenhall St

Remarks, GIVEN NAME ADDED. 2-1-52 "
2-14-52

HEALTH DEPARTMENT APR 1 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 4th 1857
4. Place of Birth (Street and Number),	Montro st No 1523
5. Full Name of Mother,	Dorothy Marks
6. Mother's Maiden Name,	Dorothy Hopp
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William M Marks
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mr S Kelley
Address,	So 1623 Pratt st
Remarks,	

the Commissioner of Health, in the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, March 10th

4. Place of Birth, (Street and Number) 922 Barre St

5. Full Name of Mother, Mary Beigel

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry L Beigel

9. Father's Occupation, Confectioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas R Graham M.D.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	Thursday. March 10th. 1887.
4. *Place of Birth, (Street and Number)*	140 Low St.
5. *Full Name of Mother,*	Lena Bechning
6. *Mother's Maiden Name.*	Lena Renfeet.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Philip Bechning
9. *Father's Occupation,*	Tailor.
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton. M.D.
Address,	Chas St & Fremont Place
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

GIVEN NAME ADDED 8-28-50

RETURN OF A BIRTH

93041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st ~~2d, 3d, &c.~~) Laura Edith Lester Whitehurst

Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1885 March 1885

4. Place of Birth, (Street and Number) Ex-End Lane & Fulton St

5. Full Name of Mother, Laura V Whitehurst

6. Mother's Maiden Name, " " Shipley

7. Mother's Birthplace, Md

8. Full Name of Father, Casson M. Whitehurst

9. Father's Occupation, Barber

Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. Geo H Lester

Address, 1 Waverly Terrace

Remarks,

APR 4 1887 BALTIMORE

of persons who shall hereafter fail to comply with the pro... to the fine of ten (10) dollars for each offence to be recovered as other fines and for...

...Co., City Printers and Stationers.

RETURN OF A BIRTH 93042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (~~state whether~~ male ~~or female~~)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 10th 1887

4. *Place of Birth, (Street and Number)* 504 W Fayette St

5. *Full Name of Mother,* Martha A Williams

6. *Mother's Maiden Name,* " " Soper

7. *Mother's Birthplace,* D.C.

8. *Full Name of Father,* Henry A Williams

9. *Father's Occupation,* Clk Custom House

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Geo H Epstein

Address, 1 Waverly Terrace

Remarks,

BEALTE DEPARTMENT, 1887 APR BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex, (state whether male or female) Female.

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March. 10th 1887

4. *Place of Birth, (Street and Number)* Maternite 113 & 115 W. Lombard St.

5. *Full Name of Mother,* Martha Christen,

6. *Mother's Maiden Name,* Da.

7. *Mother's Birthplace,* Virginia,

8. *Full Name of Father,* —

9. *Father's Occupation,* —

Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim, M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1887

4. Place of Birth, (Street and Number) 90 Mullins S Old number

5. Full Name of Mother, Emma Nieuwarner

6. Mother's Maiden Name, Emma Manuel

7. Mother's Birthplace, Baltimore City Maryland

8. Full Name of Father, Wesley P. Nieuwarner

9. Father's Occupation, Cutter

Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return. J. K. Wiley MD

Address, 405 W. Lombard St

Remarks,

HEALTH DEPARTMENT APR 6 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of ... subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures ...

...o., City Printers and Stationers.

RETURN OF A BIRTH

93045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, March 10th 1887
4. Place of Birth (Street and Number), 808 S Charles
5. Full Name of Mother, Annie Klebe
6. Mother's Maiden Name, Annie Eckardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Klebe
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Seadenhall St.

Remarks,

...who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 93046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race),
3. Date of Birth, March 10th 1887
4. Place of Birth (Street and Number), 217 W Madison St
5. Full Name of Mother, Richa W Reinhardt
6. Mother's Maiden Name, Kuethe
7. Mother's Birthplace, Germany
8. Full Name of Father, He Reinhardt
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 710 Tyson street

Remarks,

MAR 29 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 93047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th, 1887

4. Place of Birth, (Street and Number) 1427 William St.

5. Full Name of Mother, Minnie Elliott

6. Mother's Maiden Name, Poing

7. Mother's Birthplace, Md.

8. Full Name of Father, Geo. H. Elliott

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Robert F. Lowe, M.D.

Address, 1019 Light St

Remarks.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recovered.

6., City Printers and Stationers.

RETURN OF A BIRTH 93048.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 10 - 1887
4. *Place of Birth (Street and Number),* 319 S. Central Av.
5. *Full Name of Mother,* Kate Mc. Mahan
6. *Mother's Maiden Name,* Quirlivon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Mc. Mahan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

BALTIMORE, MD.

for each offence, to be recovered as other ... and $5 ... be recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 93049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 10th
4. Place of Birth (Street and Number), 544 Oxford st
5. Full Name of Mother, Ella Hughes
6. Mother's Maiden Name, " " Thornton
7. Mother's Birthplace, Howard County
8. Full Name of Father, Nelson Hughes
9. Father's Occupation, Waiter
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Anni Johnson

Address, 710 Tyson street

Remarks,

MAR 20 1901 BALTIMORE

Who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1887
4. *Place of Birth, (Street and Number)* Irland
5. *Full Name of Mother,* 904 Lindave
6. *Mother's Maiden Name,* Mary Hase
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Hase
9. *Father's Occupation,* Lucher
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other Person who makes this Return. C Mitchell

Address, Calcary Alley 112 New

Remarks,

MAR 28 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 93051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Mar 10th/87
4. Place of Birth, (Street and Number)	333 N Chas: St
5. Full Name of Mother,	Isabel King
6. Mother's Maiden Name,	Isabel Hosier
7. Mother's Birthplace,	New York
8. Full Name of Father,	Nelson King
9. Father's Occupation,	Commercial Traveller
Father's Birthplace,	N. Carolina
Name of Medical Attendant, or other Person who makes this Return.	F. Hopkins
Address,	400 Cathedral St
Remarks,	

BALTIMORE DEPARTMENT OF HEALTH MAR 11 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 93052.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ed.
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 10th. 1887
4. *Place of Birth (Street and Number),*	802 Wolf St.
5. *Full Name of Mother,*	Ema Weinkemph
6. *Mother's Maiden Name,*	Ema Weise
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Weinkemph
9. *Father's Occupation,*	Soap maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	M.D. Will.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	March 11th 1887.
4. Place of Birth (Street and Number),	923 W Lexington St.
5. Full Name of Mother,	Mary E Barry.
6. Mother's Maiden Name,	Mary E Nilan.
7. Mother's Birthplace,	Balto City.
8. Full Name of Father,	Geo F Barry.
9. Father's Occupation,	Salesman.
10. Father's Birthplace,	Balto City.
Name of Medical Attendant, or other person who makes this Return.	John D Pennington MD
Address,	505 N Carrollton Av.
Remarks,	

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93054.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White (Christian)

3. *Date of Birth,*

4. *Place of Birth (Street and Number),*

5. *Full Name of Mother,* Blount

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,* William Blount

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

MAR 26 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

930.55

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 11th day of March
4. *Place of Birth (Street and Number),* 403 South Howard st
5. *Full Name of Mother,* Sophia M. ~~Heil~~ Reuling
6. *Mother's Maiden Name,* Sophia M Heil
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolph C Reuling
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Leadenhall St.

Remarks,

BRALTH DEPARTMENT, APR 2 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 9306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	March 11th 87
4. Place of Birth (Street and Number),	711 Irving Street Baltimore
5. Full Name of Mother,	Joanna E Roache
6. Mother's Maiden Name,	Mrs: J. Woulfe
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James J. Woulfe
9. Father's Occupation,	Laborer
10. Father's Birthplace.	Ireland
Name of Medical Attendant, or other person who makes this Return.	Wm E Cabell
Address,	735 W Pratt Street
Remarks,	

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Nichols Co., City Printers and Stationers.

RETURN OF A BIRTH 93057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, March 11th 1887

4. Place of Birth, (Street and Number) Maternity, 113 & 115 W. Lombard St.

5. Full Name of Mother, Eliza Bunton,

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. L. F. Linkins M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

or persons who shall hereafter fail to comply with the pro... be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures...

...k Co., City Printers and Stationers.

RETURN OF A BIRTH 93058.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Mch. 11th 1887

4. Place of Birth (Street and Number), #901 Hillen St.

5. Full Name of Mother, Sophia Hollgreve.

6. Mother's Maiden Name, " Hesterberg.

7. Mother's Birthplace, Germany

8. Full Name of Father, W. Hollgreve

9. Father's Occupation, Grocer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 7 1887

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

---

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, March 12th 1887

4. Place of Birth (Street and Number), #10 70 Front St

5. Full Name of Mother, Sarah Noonan

6. Mother's Maiden Name, Quirk

7. Mother's Birthplace, England

8. Full Name of Father, William Noonan

Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegeist

Address, #182 E Monument St

Remarks, 1038 New Number

---

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 12

4. *Place of Birth (Street and Number),* Baltimore Wyeth st No 635

5. *Full Name of Mother,* Mary Shiver

6. *Mother's Maiden Name,* Mary Zimmerman

7. *Mother's Birthplace,* York Pa.

8. *Full Name of Father,* Ralph Shiver

Father's Occupation, Machinest

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address,

Remarks,

APR 4 1905

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93061.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1887
4. Place of Birth, (Street and Number) 816 Columbia Ave
5. Full Name of Mother, Deborah Helland
6. Mother's Maiden Name, Jamison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Helland
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J H Currey M D

Address, 76 S Paca St

Remarks,

BIRTH DEPARTMENT AUG 4 1887 BALTIMORE CITY

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

93062.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 12. 1852

4. Place of Birth (Street and Number) 224 Calvert St Extended

5. Full Name of Mother Mary Hodges Ridgely

6. Mother's Maiden Name Mary Hodges Fisher

7. Mother's Birthplace Baltimore

Full Name of Father Jas. Graham Ridgely

9. Father's Occupation Merchant

Father's Birthplace St Louis Mo

Name of Medical Attendant, or other Person who makes this Return. Dr. E. Ridgely Paw

Address 1423 Bolton St

Remarks

RETURN OF A BIRTH 93063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 12th 1887
4. Place of Birth, (Street and Number) Maternity 113 & 115 W. Lombard St
5. Full Name of Mother, Louisa Smith.
6. Mother's Maiden Name, Germany.
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 93064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 12 March

4. *Place of Birth (Street and Number),* 98 Holland St

5. *Full Name of Mother,* Dora Papst

6. *Mother's Maiden Name,* " Brass

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Wiliam Papst

9. *Father's Occupation,* Box maker

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Mlzig

Address, 48 Holland St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 930 605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st child~~ 8 child

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 March.
4. Place of Birth, (Street and Number) Sommers st. street 1108
5. Full Name of Mother, Catherine Kirby
6. Mother's Maiden Name, = Healy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georges Kirby
9. Father's Occupation, saddler
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Emma Walker

Address, 1267 E. Eager street

Remarks,

for each offense to be recovered as other fines and forf

..., City Printers and Stationers.

RETURN OF A BIRTH 93066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 March
4. Place of Birth, (Street and Number) Greemont Avenue 8° near Madison street
5. Full Name of Mother, Annie M. Demott
6. Mother's Maiden Name, Hart
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James M. Demott
9. Father's Occupation, Express man
10. Father's Birthplace, Balt. city

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1247 E Eager street.

Remarks,

APR 4 1898 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are ...

City Printers and Stationers.

RETURN OF A BIRTH

93067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, March 12th/87
4. Place of Birth (Street and Number), 510 Otterbein Street
5. Full Name of Mother, Regena Reimer
6. Mother's Maiden Name, " Reuter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Reimer
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Munch

Address, 800 Leadenhall St.

Remarks,

APR 2 1887 BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 93068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether ~~male~~ *or female),* [illegible]

2. Race or Color (if not of the white race), [illegible]

3. Date of Birth, 12th March

4. Place of Birth (Street and Number), Baltimore 723 Barre st

5. Full Name of Mother, Helen. C. Swope

6. Mother's Maiden Name, Helen. C. Kraemer.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John. L. Swope

9. Father's Occupation, Iron. Moulder

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. His Munch

Address, 800 Seadenhall St.

Remarks,

BALTIMORE, MD.

...ishing Co., City Printers and Stationers

GIVEN NAME ADDED 11-29-55

RETURN OF A BIRTH 93069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Albert Logan Mehrling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 12-87
4. Place of Birth, (Street and Number)	734 Fleet
5. Full Name of Mother,	Mary E Mehrling
6. Mother's Maiden Name,	" " Adams.
7. Mother's Birthplace,	Balt.
8. Full Name of Father,	Henry Mehrling
9. Father's Occupation,	—
10. Father's Birthplace,	Balt.
Name of Medical Attendant, or other Person who makes this Return.	L. C. Howard
Address,	
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 93070.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. Sex (*state whether male or female*), male
2. Race or Color (*if not of the white race*), Colored
3. Date of Birth, March 12th 1887
4. Place of Birth (*Street and Number*), 710 Tyson st City
5. Full Name of Mother, Lizz. M. Wilson
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Harrisonburg Va
8. Full Name of Father, Charles H. Wilson
9. Father's Occupation, Waiter
10. Father's Birthplace, Queen Anne Co Md

Name of Medical Attendant, or other person who makes this Return. Anna Johnson

Address, 710 Tyson st City

Remarks,

MAR 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Edgar Allen Frisby
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	colord
3. *Date of Birth,*	March 12 1887
4. *Place of Birth (Street and Number),*	110 Lee st
5. *Full Name of Mother,*	Ida Frisby
6. *Mother's Maiden Name,*	Ida Henry
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Joseph ~~(Samuel)~~ Frisby
9. *Father's Occupation,*	Stevidore
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Angiline Wilson
Address,	314 S. Howard st
Remarks,	CERTIFICATE CORRECTED 2-11-52

who shall hereafter fail to comply with the provisions of this Return, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 20 1887 BALTIMORE MD

...blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 8-20-63

RETURN OF A BIRTH

93072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sylvia Beach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 1887
4. Place of Birth, (Street and Number) 1029 Edmondson Ave
5. Full Name of Mother, Eleanor T. Beach
6. Mother's Maiden Name, Eleanor T. Ertisen
7. Mother's Birthplace, India
8. Full Name of Father, S. W. Beach
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Mississippi

Name of Medical Attendant, or other Person who makes this Return. G. W. Mittenberger M.D.

Address, 1319 N. Monroe St.

Remarks,

BALTIMORE, MD.

Report its birth to the Commissioner of Health in the [illegible] 1887 or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	March 13th 1887
4. *Place of Birth (Street and Number),*	No 1552 Bruce St
5. *Full Name of Mother,*	Mary Downer
6. *Mother's Maiden Name,*	West River
7. *Mother's Birthplace,*	Calvert County
8. *Full Name of Father,*	Chas Fisher
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Sarah Rollins
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

who shall hereafter fail to comply with the
for each offence, to be recovered as other

APR 1 1887 BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, March 13th 1887
4. Place of Birth (Street and Number), No 1309 Shields Alley
5. Full Name of Mother, Eliza Howe
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert County
8. Full Name of Father, George Howe
9. Father's Occupation, Waiter
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

BALTIMORE CITY APR 1 1887 BALTIMORE, MD.

...the Commissioner of Health, in the manner ... who shall hereafter fail to comply with the ... for each offence, to be recovered as other ... shall be subjected to the fine of ten (10) dollars ... rable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1724 Hanover st.

4. Place of Birth, (Street and Number) March 13th

5. Full Name of Mother, Ida Hile

6. Mother's Maiden Name, " Schaefer

7. Mother's Birthplace, Bedford Co. Pa.

8. Full Name of Father, Christian Hile

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 616 S. Paca st.

Remarks,

APR 2 1887 BALTIMORE

or persons who shall hereafter fail to comply with this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines are recoverable

Co., City Printers and Stationers.

RETURN OF A BIRTH 93076.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 87.
4. *Place of Birth, (Street and Number)* 1118 Edding
5. *Full Name of Mother,* Elisabeth Bell
6. *Mother's Maiden Name,* " Whatkins
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Andrew Bell
9. *Father's Occupation,* Stairbuilder
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. L. A. Storm Mrs.

Address, cor Mulberry & Myrtle av.

Remarks,

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

93077.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	American
3. *Date of Birth*	March 13th 1887
4. *Place of Birth (Street and Number)*	1609 Mulberry st Balto Md
5. *Full Name of Mother*	Ellenor V. McMahan
6. *Mother's Maiden Name*	Ellenor V. Johnson
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John C. McMahan
Father's Occupation	Legal Agent
10. *Father's Birthplace*	Frederick Md
Name of Medical Attendant, or other Person who makes this Return.	Henrietta P. Gardner
Address	906 Lemmon st
Remarks	

RETURN OF A BIRTH 93078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 13

4. Place of Birth (Street and Number), 130 Cross St

5. Full Name of Mother, Katharine Mack

6. Mother's Maiden Name, Altrieth

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Mack

9. Father's Occupation, Laber

Father's Birthplace, Wurtenberg

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Seadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 2 1897

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 14th. 1887
4. Place of Birth (Street and Number),	9045 Chester St.
5. Full Name of Mother,	Rebecca Draben
6. Mother's Maiden Name,	Rebecca Span
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Draben
9. Father's Occupation,	Coatch Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	M. A. Butt.
Address,	647 S.E. cor Central av & Monument St.
Remarks,	Ill Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 31 80

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th March

4. Place of Birth, (Street and Number) 102 N. Gilmor

5. Full Name of Mother, Charlotte Linby.

6. Mother's Maiden Name, " Schroeder

7. Mother's Birthplace, B. C

8. Full Name of Father, Leander Linby.

9. Father's Occupation, Watchman

10. Father's Birthplace, B. C

Name of Medical Attendant, or other Person who makes this Return Simon F Hill M D

Address, 17 N. Carlton St

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

73081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex (state whether male or female),*	Boy.
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 14 — 1887
4. *Place of Birth (Street and Number),*	Woodyear Pl. 20
5. *Full Name of Mother,*	Anna Bernard.
6. *Mother's Maiden Name,*	" " Keller.
7. *Mother's Birthplace,*	Hartzheim Baden
8. *Full Name of Father,*	Robert Bernard.
9. *Father's Occupation,*	Jeweler.
Father's Birthplace,	Hermsdorf. Schlesien
Name of Medical Attendant, or other person who makes this Return.	Mrs C Seebach
Address,	10 735 W Pratt Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...bbins Co., City Printers and Stationers.

RETURN OF A BIRTH 93082.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 14th
4. Place of Birth (Street and Number),	1744 Hanover St
5. Full Name of Mother,	Mary Jimison
6. Mother's Maiden Name,	" Worche
7. Mother's Birthplace,	City
8. Full Name of Father,	John Jimison
9. Father's Occupation,	Engineer
Father's Birthplace,	Alewan
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch MD
Address,	511 Hanover St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 14th 1887

4. Place of Birth, (Street and Number) 747 Saratoga St.

5. Full Name of Mother, Mrs. Alice Story

6. Mother's Maiden Name, Alice Meredith

7. Mother's Birthplace, Queen Annes Co. Md.

8. Full Name of Father, John R. Story

9. Father's Occupation, Policeman

10. Father's Birthplace, Queen Annes Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Saml. T. Earle M. D.

Address, 1431 Linden Ave.

Remarks,

MAR 24 1887 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected at the time of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

GIVEN NAME ADDED 2-26-59

RETURN OF A BIRTH

93084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Joseph Deegan

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, March 14th - 1887

Place of Birth, (Street and Number) 2712 Elliott st

Full Name of Mother, Barbra Deegan

Mother's Maiden Name, Barbra Sanders

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Micheal P Deegan

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

BALTIMORE, MD. 1887

or persons who shall hereafter fail to comply with the provisions of this section, or be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* March 15-th 1887

4. *Place of Birth, (Street and Number)* 113 & 115. Maternite. N Lombard St.

5. *Full Name of Mother,* Annie Green.

6. *Mother's Maiden Name,* Do.

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. H. L. Hutto. M.D.

Address, 113 & 115 N. Lombard St

Remarks,

APR 6 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 15th 1887
4. *Place of Birth (Street and Number),* No 1564 Brue St
5. *Full Name of Mother,* Sarah Sweetny
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Prince Georgias
8. *Full Name of Father,* George Sweetny
9. *Father's Occupation,* Cart driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

BALTIMORE, MD. 1887

the Commissioner of Health, in the manner and within the period of ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 March

4. Place of Birth, (Street and Number) Canal Avenue 1017

5. Full Name of Mother, Rose Engesser Schrenker

6. Mother's Maiden Name, = Engesser

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, John Schrencker

9. Father's Occupation, Shoemacher

10. Father's Birthplace, Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 15 – 1887

4. Place of Birth (Street and Number), 417 S. Central Av.

5. Full Name of Mother, Kate Flax

6. Mother's Maiden Name, Betdoerfer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Flax

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Steiner

Address, 1427 E Pratt

Remarks,

HEALTH DEPARTMENT, APR 5 1887, BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, March 15th

4. Place of Birth (Street and Number), 822 Covington St

5. Full Name of Mother, Sophy Kohlhafer

6. Mother's Maiden Name, Sophy Bayline

7. Mother's Birthplace, Baltimore City. Md.

8. Full Name of Father, George H. Kohlhafer

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Seadenhall St.

Remarks,

APR 2 1893

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible]

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 93090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 15th 1881

4. *Place of Birth, (Street and Number)* 690 Penna ave

5. *Full Name of Mother,* Mary Tracy

6. *Mother's Maiden Name,* " Stevens

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* James Tracy

9. *Father's Occupation,* Stone mason

10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return. Mrs A Murtaugh

Address, 607 Mosher st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	march 15th
4. Place of Birth (Street and Number),	3d Little George
5. Full Name of Mother,	Joanet Curtis
Mother's Maiden Name,	
Mother's Birthplace,	Virginia
8. Full Name of Father,	Samuel Curtis
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Lelia Clance
Address,	434 N. Monument st
Remarks,	

BALTIMORE CITY DEPARTMENT OF HEALTH

The period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	16 March 1897
4. Place of Birth, (Street and Number)	1 Fremont 637
5. Full Name of Mother,	Helene Schmidt
6. Mother's Maiden Name,	Helene Saeger
7. Mother's Birthplace,	Londorf – Darmstadt
8. Full Name of Father,	Conrad Schmidt
9. Father's Occupation,	shoemaker
10. Father's Birthplace,	Londorf Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	A F Reinhard
Address,	720 N. Howard Street
Remarks,	

or persons who shall hereafter fail to comply with the
for each offense to be recovered as other fines and
To City Printers and Stationers

RETURN OF A BIRTH 93093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	March 16th
4. Place of Birth (Street and Number),	Light Works St.
5. Full Name of Mother,	Sarah Brady
6. Mother's Maiden Name,	" Bird
7. Mother's Birthplace,	New York
8. Full Name of Father,	John Brady
9. Father's Occupation,	Saloon Keeper
. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Bunch MD
Address,	511 Hanover
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93094.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Males
2. Race or Color (if not of the white race), White
3. Date of Birth, March the 16. 1887
4. Place of Birth (Street and Number), Franklin st No 1613
5. Full Name of Mother, georgeanner Condenslager
6. Mother's Maiden Name, georgeanner dover
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Condenslager
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 1623 Pratt st

Remarks,

HEALTH DEPARTMENT, MAR 2 1887, BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are [illegible]

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	March 16th 1887,
4. Place of Birth (Street and Number),	1319 W Pratt St,
5. Full Name of Mother,	Annie E Hach,
6. Mother's Maiden Name,	Annie E Schaefer (Schaefer)
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Fred J Hach
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	John D Pennington, M.D.
Address,	
Remarks,	

mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and with any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines [illegible]

MAR 31 1887
BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 17th. 1887
4. Place of Birth, (Street and Number)	513 N. Castle St
5. Full Name of Mother,	Annie L. Cook.
6. Mother's Maiden Name,	Annie Schmidt
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hugo Cook
9. Father's Occupation,	Cigar Manufacturer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St & Fremont Place
Remarks,	

APR 4 1887 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH 93097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 17th 1887.
4. *Place of Birth (Street and Number),* S. Exeter St. No. 500
5. *Full Name of Mother,* Barbara Hartmann
6. *Mother's Maiden Name,* Barbara Eckhardt
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph Hartmann
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, N Dallas St No 114

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 17"
4. *Place of Birth, (Street and Number)* 373 Wrigth St.
5. *Full Name of Mother,* Anna Bowersox
6. *Mother's Maiden Name,* Householder
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Daniel W. Bowersox
9. *Father's Occupation,* Brick-maker
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other Person who makes this Return. Lewis R. Iderdice

Address, Cor. Columbia & Fremont Aves.

Remarks,

HEALTH DEPARTMENT APR 1 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(93099)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 17th 1881

4. *Place of Birth, (Street and Number)* 202 Pine St

5. *Full Name of Mother,* Frances Steward

6. *Mother's Maiden Name.* " Moran

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* Lee Steward

9. *Father's Occupation,* Gas Fitter

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return Co A Lewis

Address. 602 Hanover St

Remarks.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 93100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female),

2. Race or Color (if not of the white race),

Date of Birth, 17 March

4. Place of Birth (Street and Number), 1113 Sassafras st

5. Full Name of Mother, Lizzie Shmidt

6. Mother's Maiden Name, Bohl

7. Mother's Birthplace, Germany

8. Full Name of Father, John Shmidt

9. Father's Occupation, Shoemaker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss Mauch

Address, 300 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers

RETURN OF A BIRTH 90101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 2/87

4. Place of Birth (Street and Number), No 407 Collington Ave

5. Full Name of Mother, Lisbeth Flamann

6. Mother's Maiden Name, Serafeid

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jakob Flamann

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 4/87
4. *Place of Birth (Street and Number),* No 205 S. Chapel St.
5. *Full Name of Mother,* Therese Stubler
6. *Mother's Maiden Name,* Nerr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jakob Stubler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 4/87

4. *Place of Birth (Street and Number),* 1058 S. Stiles St

5. *Full Name of Mother,* Bonnie Clifford

6. *Mother's Maiden Name,* McTeigle

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Thomas Clifford

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft,

Address, No 405 S. Washington St

Remarks,

the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

93104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, March 5/87
4. Place of Birth (Street and Number), No 48 Esex St.
5. Full Name of Mother, Jennie Somer
6. Mother's Maiden Name, Morningstar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kuhn Somer
9. Father's Occupation, Ice Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

the Commissioner of Health, in the manner and with ... and any such person or persons who shall hereafter fail to comply with the provisions of this section shall ... to the fine of ten (10) dollars for each offence, to be recovered as other fines ...

APR 9 1887

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

g 3105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 9 1897
4. Place of Birth, (Street and Number),	№ 2047 Bank St.
5. Full Name of Mother,	Mary Polity
6. Mother's Maiden Name,	Bozer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Paul Polity
9. Father's Occupation,	Seaman
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	№ 405 S. Washington Ave.
Remarks,	"

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 4

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 10th 1887

4. *Place of Birth, (Street and Number)* North St above Bank

5. *Full Name of Mother,* Mary A. Monoghan

6. *Mother's Maiden Name,* " McCormick

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Michael Monoghan

9. *Father's Occupation,* Grocer

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address, 711 N. Calvert St

Remarks,

APR 9 1887

or persons who shall hereafter fail to comply with the provisions of this Section, shall forfeit and pay the sum of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-16-55

RETURN OF A BIRTH

93907.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Moses Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 17 1887
4. *Place of Birth (Street and Number),* No 1745 Thames St.
5. *Full Name of Mother,* Bertha Walter
6. *Mother's Maiden Name,* Brenerd
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* David Walter
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krapf.

Address, No 405 S. Washington St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, March 17th 1887.

4. Place of Birth (Street and Number), #829 Hanford Av.

5. Full Name of Mother, L. Neustiel

6. Mother's Maiden Name, Beldauer

7. Mother's Birthplace, Germany

8. Full Name of Father, P. Neustiel

9. Father's Occupation,

. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegeist

Address, #1820 Monument St

Remarks, 1038 New Number

APR 2 1887 BALTIMORE MD

The Commissioner of Health, in the manner and within ... who shall hereafter fail to comply with the provisions ... for each offence, to be recovered as other fines and ...

...ublishing Co., City Printers and Stationers

RETURN OF A BIRTH. 93109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1527 William st.
4. Place of Birth, (Street and Number) March 17th
5. Full Name of Mother, Elizabeth Boarcheding
6. Mother's Maiden Name, " Bartinfelder
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Boarcheding
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 610 S. Paca st.

Remarks,

APR 2 1897 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93110.

GIVEN NAME ADDED 6-27-53

To the Office of Registrar of Vital Statistics, ~~Board of Health, Balti~~more City.

Name: Minnie Elanor Marhenke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race),

3. Date of Birth, 17th March. 1887.

4. Place of Birth (Street and Number), 1508 W. Baltimore St.

5. Full Name of Mother, Annie Katie Ella. ~~Bergen~~ Marhenke

6. Mother's Maiden Name, " " " Bergen

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Herman Henry August. Marhenke.

9. Father's Occupation, Tailor

10. Father's Birthplace, Berka Hanover

Name of Medical Attendant, or other person who makes this Return. Mrs Dumler.

Address, 60 Schroeder St.

Remarks, "

MAR 31 1887 BALTIMORE MD.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 93111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 17 March 1897

4. *Place of Birth (Street and Number),* Barge Baltic

5. *Full Name of Mother,* Maria Feeney

6. *Mother's Maiden Name,* O'Brien

7. *Mother's Birthplace,* Wilmington Del

8. *Full Name of Father,* James Feeney

9. *Father's Occupation,* Capt of Barge

10. *Father's Birthplace,* Albany N Y

Name of Medical Attendant, or other person who makes this Return. Mr Wm Wiley

Address, No 611 Patterson Park Ave.

Remarks, Called in Doctor Gately.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 93112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 17th. 1887
4. Place of Birth (Street and Number),	1806 Greenmount av.
5. Full Name of Mother,	Mary Barthelma
6. Mother's Maiden Name,	Mary Hofstetter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fredrick. Barthelma
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	All Well

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* 2 girl

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 18 March

4. *Place of Birth, (Street and Number)* Belair road

5. *Full Name of Mother,* Amalie Holz

6. *Mother's Maiden Name,* Theininger

7. *Mother's Birthplace,* Schlach Viederbaiern

8. *Full Name of Father,* Franch Holz

9. *Father's Occupation,* carpenter

10. *Father's Birthplace,* Eppenschlag Viederbaiern

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address,

Remarks,

APR 4 1897 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18 March
4. *Place of Birth (Street and Number),* 12 Washington St.
5. *Full Name of Mother,* Blanche Knau
6. *Mother's Maiden Name,* " Roche
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Adolf Knau
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Balt Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Albig

Address, 1302 Hollins St Balt

Remarks,

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4, Samuel

1. *Sex (state whether male or female),* White

2. *Race or Color (if not of the white race),* Male

3. *Date of Birth,* March 18, 1887

4. *Place of Birth (Street and Number),* 183 Harrison St

5. *Full Name of Mother,* Julia Lürria

6. *Mother's Maiden Name,* Julia Margüllis

7. *Mother's Birthplace.* Russia

8. *Full Name of Father,* Henry Lürria

9. *Father's Occupation,* Market Business

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 18 March 1914

4. *Place of Birth, (Street and Number)* 1014 Wilcox Street

5. *Full Name of Mother,* Kate Fleetman

6. *Mother's Maiden Name,* Reese

7. *Mother's Birthplace,* Balt. city

8. *Full Name of Father,* Georges H. Friedman

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Edinburgh Scotland

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1949 E. Eager Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

t Co., City Printers and Stationers.

RETURN OF A BIRTH 93117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race).	White
3. Date of Birth,	March 18th
4. Place of Birth (Street and Number),	1st Tenement
5. Full Name of Mother,	Ellen Shisler
6. Mother's Maiden Name,	" Purcell
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Shisler
9. Father's Occupation,	Ice Cart Driver
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L. O. Bunch MD
Address,	511 Hanover St
Remarks,	

Register, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	March 18th 1887
4. Place of Birth (Street and Number),	1135 W Baltimore st
5. Full Name of Mother,	Emma Christiana Dietrich
6. Mother's Maiden Name,	Emma Christiana Groener
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	John Henry Dietrich
9. Father's Occupation,	Merchant
10. Father's Birthplace.	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mr. Dunler
Address,	N. Schroeder
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 21 1887 BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth March 18 1887

4. Place of Birth, (Street and Number) No. 408 N. Bond Street.

5. Full Name of Mother, Emma Bryan.

6. Mother's Maiden Name, Emma Kline

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Bryan.

9. Father's Occupation, Machinist.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Elwell M.D.

Address, 1741 Harford ave

Remarks,

APR 2 1887 BALTIMORE

report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 93120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 18th 1887
4. *Place of Birth (Street and Number),* 2228 Canton Ave
5. *Full Name of Mother,* Caroline Limeloux
6. *Mother's Maiden Name,* " Bensel.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Limeloux
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Bitz

Address, 1744 Bank st

Remarks,

within the period above required, and any such person or persons
the Commissioner of Health, in the manner and with
who shall hereafter fail to comply with the provisions
for each offence, to be recovered as other fines and forf
Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

g 3121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 19/82
4. *Place of Birth (Street and Number),* N° 323 S. Caroline St
5. *Full Name of Mother,* Georgi Waltz
6. *Mother's Maiden Name,* Pass
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Hermann Waltz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft.

Address, N° 405 S. Washington St.

Remarks,

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 19th 1887
4. *Place of Birth (Street and Number),* No 122 W. Pratt St
5. *Full Name of Mother,* Augusta Jotkoske
6. *Mother's Maiden Name,* " Sadoneske
7. *Mother's Birthplace,* West Prussia.
8. *Full Name of Father,* John Jotkoske.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* West Prussia

Name of Medical Attendant, or other person who makes this Return. Anne Lindner

Address, No 106 S. Monroe St.

Remarks,

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Mch. 19th 1887
4. Place of Birth (Street and Number), #21 Wyoming St
5. Full Name of Mother, Lillie Rockel
6. Mother's Maiden Name, " Tantz
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Robert Rockel
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks. 1038 (New Number)

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 93124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 19, 1887
4. Place of Birth, (Street and Number) old 487 W. Fayette St
5. Full Name of Mother, Mamie Jenkins
6. Mother's Maiden Name, " Darbacher
7. Mother's Birthplace, Balto City
8. Full Name of Father, Chas. H. Jenkins
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. W. H. White

Address, 1101 N. Broadway

Remarks,

HEALTH DEPARTMENT, APR 5, 1887, BALTIMORE, MD.

be in attendance upon the mother, immediately, intermediately, or remotely, shall be required to report in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9.3125.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race),

3. Date of Birth, March 19

4. Place of Birth (Street and Number), Baltimore Pacca st 1129

5. Full Name of Mother, Anna Storman

6. Mother's Maiden Name, Annie stinfort

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Storman

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm M Shaffer

Address,

Remarks,

the attendance of a physician or practitioner of midwifery, or
mother, immediately thereafter it shall become the duty of the
the Commissioner of Health, in the manner and within the per
who shall hereafter fail to comply with the provisions
for each offence, to be recov

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3, Wolfe

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, March 19, 1887
4. Place of Birth (Street and Number), 421, Forrest St
5. Full Name of Mother, Beckie Wolfe
6. Mother's Maiden Name, Beckie Jonlsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Davis Wolfe
9. Father's Occupation, Carrier of Circulars
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks, GIVEN NAME ADDED 1-20-54 h.m

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93127.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* 19 March
4. *Place of Birth (Street and Number),* 130 Madison St
5. *Full Name of Mother,* Carrie Evershafsky
6. *Mother's Maiden Name,* " Shininsky
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abraham Evershafsky
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 48 Holland St

Remarks, Balto

APR 5 1887 BALTIMORE CITY

mother, immediately thereafter it shall [illegible] the Commissioner of Health, in the [illegible] who shall hereafter fail to comply [illegible] for each offence, to be recovered [illegible] ble.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

93128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 19 — 1887
4. *Place of Birth (Street and Number),* 1207 Holland St.

Full Name of Mother, Eva B. Taylor

Mother's Maiden Name, Albers

Mother's Birthplace, Dorchester Co. Md

Full Name of Father, Wm. H. Taylor

Father's Occupation, Laborer

0. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

BALTIMORE MD

Mother, immediately thereafter [illegible] parents of such child to report its birth to the Commissioner of Health, in [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] and forfeited [illegible] are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday March 19th. 1887

4. Place of Birth, (Street and Number) 1327 Greenmont Ave.

5. Full Name of Mother, Lilie Everist

6. Mother's Maiden Name, Lilie Fox.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Everist

9. Father's Occupation, Barrel Dealer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Fremont Place.

Remarks,

HEALTH DEPARTMENT APR 4 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19th of March
4. *Place of Birth, (Street and Number)* 738 Pen Ave
5. *Full Name of Mother,* Hattie
6. *Mother's Maiden Name,* Sommer
7. *Mother's Birthplace,* Russ Poland
8. *Full Name of Father,* Wolf Lewis Block
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russ Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Dumler

Address, 60 Schroeder St.

Remarks,

BALTIMORE, MD. MAR 19 1900

... & Co., City Printers and Stationers.

RETURN OF A BIRTH 93131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 March.
4. *Place of Birth (Street and Number),* 1018 Low St.
5. *Full Name of Mother,* Rebecca Goldstein
6. *Mother's Maiden Name,* " Goldmann
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jacob Goldstein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Rose Ullig

Remarks, 48 Holland St.

APR 5 1887 BALTIMORE, MD.

the attendance of a physician or practitioner, [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall become [illegible] of the [illegible] or parents of such child to report its birth to the Commissioner of Health, in the manner [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] are [illegible] reproble.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th March 1867

4. Place of Birth, (Street and Number) 1283 Druid Alley

5. Full Name of Mother, Molly Baily

Mother's Maiden Name, Emmiss

Mother's Birthplace, Potomac City Va

8. Full Name of Father, James Baily

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 516 Front Ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall be
and within the period above required, and any such person
of this section, shall be subjected to the fine of ten (10) dollars
recoverable.

y & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 93132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20th March 1884

4. *Place of Birth, (Street and Number)* 1283 Durst Alley

5. *Full Name of Mother,* Molly Baily

Mother's Maiden Name, Emmiss

6. *Mother's Birthplace,* Potomac City Va

7. *Full Name of Father,* James Baily

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address, 516 Front Ave

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(93133)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21st.

4. Place of Birth, (Street and Number) 2231 E. Pratt St.

5. Full Name of Mother, Ann Virginia Sanner

6. Mother's Maiden Name, Graham

7. Mother's Birthplace, City

8. Full Name of Father, Alexander Abel Sanner

9. Father's Occupation, Ship Joiner

10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, 1835 E. Baltimore St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BRANCH REGISTRAR MAR 21 1900 BALTIMORE, MD.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH 93134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* Mch 21 1887
4. *Place of Birth (Street and Number),* 521 Roberts st
5. *Full Name of Mother,* Ella M Zimmerman
6. *Mother's Maiden Name,* " " Gawthrop
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Octavius L Zimmerman
9. *Father's Occupation,* R R Fireman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. G Lane Tanyhill

Address, 922 Madison ave

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this article shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

93135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21 1889

4. Place of Birth, (Street and Number) 324 Lt Street

5. Full Name of Mother, Laura Bristow

6. Mother's Maiden Name, Laura Bristow

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilmer Bristow

9. Father's Occupation, Engineer

10. Father's Birthplace, Philadelph

Name of Medical Attendant, or other Person who makes this Return H. B. Noble, M.D.

Address, 301 Warren Av

Remarks,

HEALTH DEPARTMENT, APR 4 1889 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers

RETURN OF A BIRTH 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), NETTIE ROTHBLUM Female

2. Race or Color (if not of the white race),

3. Date of Birth, March 27/97

4. Place of Birth (Street and Number), N° 426 S. Chapel St.

5. Full Name of Mother, Minnie Rothblum

6. Mother's Maiden Name, Grünebaum

7. Mother's Birthplace, Polen

8. Full Name of Father, Saul Rothblum

9. Father's Occupation, Tailor

10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Knapf.

Address, N° 405 S. Washington St

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

Missing 93137 - 93146,
incl.

RETURN OF A BIRTH

93147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22d 1887
4. *Place of Birth, (Street and Number)* 52 St Peter Ave
5. *Full Name of Mother,* E. Ewing
6. *Mother's Maiden Name,* " Larkin
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Chas Ewing
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Lefevre

Address, 855 N Lombard St

Remarks,

BRANCH DEPARTMENT, APR 4 1887, BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Return, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

93148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 22nd 1887
4. *Place of Birth (Street and Number),* Hamstead A No 1503
5. *Full Name of Mother,* Bridget Ellicot
6. *Mother's Maiden Name,* Bridget Inee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geargе Ellicot
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, No Dallas St No 194

Remarks,

BALTIMORE CITY 1887

the Commissioner of Health, in the manner and with the provisions of this section shall become liable to a penalty who shall hereafter fail to comply with the provisions of this section shall be liable to such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable. fine of ten (10) dollars

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93149.
93149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 22nd
4. Place of Birth (Street and Number),	342 Sharp St
5. Full Name of Mother,	Catherine Fletcher
6. Mother's Maiden Name,	" Weaver
7. Mother's Birthplace,	City
8. Full Name of Father,	Wm Fletcher
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Burch MD
Address,	5 11 Hanover St
Remarks,	

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93150.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Wt Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22nd March/87
4. *Place of Birth, (Street and Number)* 37 Baker St
5. *Full Name of Mother,* Mary Rexroath
6. *Mother's Maiden Name,* Mary Brickel
7. *Mother's Birthplace,* Baltimore York Pa
8. *Full Name of Father,* Rexroath
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return. A C Pole MD

Address, 2102 Madison W.

Remarks,

APR 7 1887 BALTIMORE

...be in attendance upon the mother, immediately ... the duty of the person or parents of such child, to report its birth to the Commissioner of Health in the manner and ... period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this ... shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

93151.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22 1887
4. *Place of Birth, (Street and Number)* 1433 Park Av
5. *Full Name of Mother,* Lydia Stickney
6. *Mother's Maiden Name,* Lydia Pearson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo H Stickney
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 219 W. Monument

Remarks,

be in attendance upon the mother, immediately thereafter, if shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Return, are subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and [illegible]

BALTIMORE, MD.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH 93152.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether ~~male~~ or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 12th "
4. *Place of Birth (Street and Number),* Leadenhall St. No. 912.
5. *Full Name of Mother,* Louisa Heinzerling.
6. *Mother's Maiden Name,* " " Lehlenmeier.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* August Heinzerling
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Heinel.

Address, 800 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

9.31 53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23d

4. Place of Birth, (Street and Number) 23 old No Carrollton Av

5. Full Name of Mother, Margaret F Energy.

6. Mother's Maiden Name, " " Wade

7. Mother's Birthplace, B. C

8. Full Name of Father, Benjamin F. Energy

9. Father's Occupation, Plasterer -

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mo

Address. 17 N. Calhoun St.

Remarks. "

HEALTH DEPARTMENT APR 6 1887 BALTIMORE

...NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 93154.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 23d Mch 1887
4. Place of Birth (Street and Number) Fulton Ave & Lanvale St.
5. Full Name of Mother Annie O Robinson
6. Mother's Maiden Name Ourslee
7. Mother's Birthplace Balto.
8. Full Name of Father John G. Robinson
9. Father's Occupation Apothecary
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. H. W. Onings Mo

Address 1319 Madison Ave

Remarks

BELLEVUE DEPARTMENT APR 6 1887 BALTIMORE CITY

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 93155.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 23rd 1887
4. *Place of Birth (Street and Number),* Eastern Ave No 1020
5. *Full Name of Mother,* Christiana Leithauser
6. *Mother's Maiden Name,* Christiana Haas
7. *Mother's Birthplace,* Cronweiber. K. Wurtenberg Germany
8. *Full Name of Father,* Adam Leithauser
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Züschen. Germany

Name of Medical Attendant, or other person who makes this Return. Mary E Müller

Address, N. Dallas St Ny 114

Remarks,

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* March 23d '87
4. *Place of Birth (Street and Number),* 909 Linden Ave.
5. *Full Name of Mother,* Kate Scott
6. *Mother's Maiden Name,* Kate Young
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Winfield Scott
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

HEALTH APR 4 1887 BALTIMORE

the Commissioner of Health, in the manner and within [illegible] required, and any such person or persons who shall hereafter fail to comply with the [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] forfeitures are [illegible]

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93157.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 23rd 1887.
4. Place of Birth (Street and Number),	1006 N. Canal St.
5. Full Name of Mother,	Wilhelmina Steinmiller
6. Mother's Maiden Name,	Bernard.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Steinmiller
9. Father's Occupation,	Coach trimmer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S. W. Seldner M. D.
Address,	S. E. Cor Caroline & Eager Sts.
Remarks,	

APR 4

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 23rd. 1887

4. *Place of Birth, (Street and Number)* 7 Mc Elderry St. near Aisquith

5. *Full Name of Mother,* Annie B. Pinning

6. *Mother's Maiden Name,* Annie B. Evans

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* John H. Pinning

9. *Father's Occupation,* Coal Dealer & Contractor

Father's Birthplace, Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton. M.D.

Address, Chas St & Forrest Place

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co, City Printers and Stationers.

RETURN OF A BIRTH 93159.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 23rd
4. Place of Birth, (Street and Number) 654 Portland st.
5. Full Name of Mother, Catherine Rossmann
6. Mother's Maiden Name, " Schellhas
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Rossman
9. Father's Occupation, Cabinet-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, 610 S. Paca st.

Remarks,

HEALTH DEPARTMENT

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

g.3160.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	3d
1. Sex, (*state whether male or female*)	Male
2. Race or Color, (*if not of the white race*)	White
3. Date of Birth,	March 23d 1887.
4. Place of Birth, (*Street and Number*)	725 August St.
5. Full Name of Mother,	Lucy A. Winder
6. Mother's Maiden Name,	Grafton
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Richard Winder
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other Person who makes this Return	F. J. Kennedy
Address,	722 August St.
Remarks,	

APR 2 1887 BALTIMORE

Y & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 93161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 23. 1887.
4. *Place of Birth (Street and Number),* # 937. S. Howard.
5. *Full Name of Mother,* Emilie Winter
6. *Mother's Maiden Name,* " Weber.
7. *Mother's Birthplace,* Germani
8. *Full Name of Father,* Paul Bernhard Winter
9. *Father's Occupation,* Carhenter
10. *Father's Birthplace,* Germani

Name of Medical Attendant, or other person who makes this Return. Wm Hunch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 1887 BALTIMORE

olishing Co., City Printers and Stationers

RETURN OF A BIRTH 93162.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Mch. 23rd 1887
4. Place of Birth (Street and Number), Jenkins Lane
5. Full Name of Mother, E. Schulz
6. Mother's Maiden Name, " Scheile
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Henry Schulz
9. Father's Occupation, Tinner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillequet

Address, #182 E. Monument St.

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 7 1888

BALTIMORE MD.

lishing Co., City Printers and Stationers

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93163.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	Thursday March 24th 1887
Place of Birth, (Street and Number)	S. E. Cor. North & Chas St.
Full Name of Mother,	Katie W. Lee
Mother's Maiden Name,	Katie Wyatt,
Mother's Birthplace,	Norfolk Va.
Full Name of Father,	Harry G. Lee,
Father's Occupation,	Grocer,
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D
Address,	Chas St. & Fremont Place
Remarks,	

Co., City Printers and Stationers.

RETURN OF A BIRTH 93164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 24
4. *Place of Birth, (Street and Number)*	82 Pobblecton St
5. *Full Name of Mother,*	Laura Spurrier
6. *Mother's Maiden Name,*	Kennett
7. *Mother's Birthplace,*	Balti.
8. *Full Name of Father,*	Henry Spurrier
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balti.
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address,	1008 Mad Ave.
Remarks,	Instrumental assistance

APR 4 1887 BALTIMORE

or persons who shall hereafter fail to comply with the requirements of this section above required, and any such person for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93165.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Henry Braun, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24th 87.
4. *Place of Birth, (Street and Number)*	506 S Paca St
5. *Full Name of Mother,*	Kate I Braun
6. *Mother's Maiden Name,*	Hardner
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Wm. H. Braun
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Carney
Address,	76 S Paca St
Remarks,	CERTIFICATE ISSUED 4-20-53 L.MW

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 93166.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 24th 1887.
4. *Place of Birth, (Street and Number)*	814 Looney St
5. *Full Name of Mother,*	Kate Faistenheimer.
6. *Mother's Maiden Name,*	Snyder
7. *Mother's Birthplace,*	Balto City.
8. *Full Name of Father,*	Francis Faistenheimer
9. *Father's Occupation,*	Cigar Manufacturer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Cunney
Address,	76 Place St
Remarks,	

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH.

93167.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th March 1897
4. Place of Birth (Street and Number)	530 Roberts St
5. Full Name of Mother	Mollie T. Sheppard
6. Mother's Maiden Name	Riddle
7. Mother's Birthplace	Balto.
8. Full Name of Father	Joseph F Sheppard
9. Father's Occupation	Butter dealer
Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	W. R. V. Owings M.D.
Address	1319 Madison Ave
Remarks	

RETURN OF A BIRTH 93168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, Jennie

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 24/1887.

4. *Place of Birth (Street and Number),* 29 Little Nyc Bloberry St

5. *Full Name of Mother,* Ida Caplan

6. *Mother's Maiden Name,* Ida Freidlanoter

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Louis Caplan

9. *Father's Occupation,* Tayler

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st cor 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 24th 1887.
4. *Place of Birth, (Street and Number)* Botanic, 113 & 115 W. Lombard St
5. *Full Name of Mother,* Mary Cooper.
6. *Mother's Maiden Name,* Do.
7. *Mother's Birthplace,* Virginia.
8. *Full Name of Father,* ———
9. *Father's Occupation,* ———
10. *Father's Birthplace,* ———

Name of Medical Attendant, or other Person who makes this Return. C. F. Conkling, M.D.

Address, 113 & 115 W. Lombard St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93170.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex, (state whether male or female) Female,

2. Race or Color, (if not of the white race) Black,

3. Date of Birth, March 24th 1887.

4. Place of Birth, (Street and Number) Motorcite 113 & 115 W. Lombard St.

5. Full Name of Mother, Rachel Payne.

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, —

9. Father's Occupation, —

Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return, L. F. Ankrim, M. D.

Address, 113 & 115 W. Lombard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH 9.3171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 24 March

4. Place of Birth (Street and Number), 500 Campbell Street

5. Full Name of Mother, Rosenia Vender

6. Mother's Maiden Name, Rosenia Bousy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Vender

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C Seebach

Address, No 735 W Pratt street

Remarks,

APR 4

BALTIMORE

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93172.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 C.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 24th 1887
4. *Place of Birth (Street and Number),* N 336 Calhoun St.
5. *Full Name of Mother,* Maggie Schnitzlein
6. *Mother's Maiden Name,* " " Franze.
7. *Mother's Birthplace,* Anesberg Oberfranken
8. *Full Name of Father,* Fred Schnitzlein.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Ansbach Middlefranken

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 10 S. Monroe St.

Remarks,

APR 2 1887

the Commissioner of Health, in the manner and within the period [illegible] and any such person or persons who shall hereafter fail to comply with the provisions [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 93173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Mch 24th 1887
4. *Place of Birth (Street and Number),* #61 Sterling St
5. *Full Name of Mother,* Mollie Brown
6. *Mother's Maiden Name,* " Kirk
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Walter Brown
9. *Father's Occupation,* Politician
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegust

Address, #1820 E. Monument St.

Remarks, 1038 (New Number

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th

4. Place of Birth, (Street and Number) 5-08 Robert St

5. Full Name of Mother, Mrs. Carrie M. Klinefelter

6. Mother's Maiden Name, " " Kirchner

7. Mother's Birthplace, City

8. Full Name of Father, John R. Klinefelter

9. Father's Occupation, Telegraph operator

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Edmund Sonaire

Address, 1001

Remarks,

BALTIMORE, MD. APR 7 1888

report its birth to the Commissioner of Health, in the [illegible] of the within the [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

93174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24th
4. *Place of Birth, (Street and Number)* 508 Norbert St
5. *Full Name of Mother,* Mrs. Carrie M. Klinefelter
6. *Mother's Maiden Name,* " " Kimmel
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John R. Klinefelter
9. *Father's Occupation,* Telegraph operator
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. H F Hill M D.

Address, 1001 Edmondson ave

Remarks,

APR 7 1907 BALTIMORE MD

report its birth to the Commissioner of Health, in the [illegible] within the [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

93175.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1887
4. *Place of Birth, (Street and Number)* 1017 W. Townsend St
5. *Full Name of Mother,* Julia Wagner
6. *Mother's Maiden Name,* Julia Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Wagner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. D. Mittenberger

Address, 319 W. Monument St

Remarks,

BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, Jennie

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 25, 1887

4. *Place of Birth (Street and Number),* 123 Harrison

5. *Full Name of Mother,* Rosa Louis

6. *Mother's Maiden Name,* Rosa Goldman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Max Louis

9. *Father's Occupation,* Peddler

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Mar. 25th
4. *Place of Birth, (Street and Number)* Fremont St + Penn. Ave
5. *Full Name of Mother,* Mary C. Ridinger
6. *Mother's Maiden Name,* " " Clatough
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac P. Ridinger
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Carroll Co. Md

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin M.D.

Address, 152 Fremont st

Remarks,

HEALTH DEPARTMENT, APR 6 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

92615

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25 March
4. *Place of Birth (Street and Number),* 1203 Mc Elderry St
5. *Full Name of Mother,* Wilamina Wortman
6. *Mother's Maiden Name,* " Bolbin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Henry Wortman
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 738 Mallon St

Remarks, "

within the period above required, and any such person or persons
sions of this section shall be subjected to the fine of ten (10) dollars
and forfeitures are recoverable.
who shall hereafter fail to comply with the provisions
for each offence, to be recovered as other fines and

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

93179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 24th '87

4. *Place of Birth, (Street and Number)* #4 Federal St

5. *Full Name of Mother,* Annie Elizabeth Smith

6. *Mother's Maiden Name* Annie E. Meegan

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Frank Amos Smith

9. *Father's Occupation,* Paper Hanger

Father's Birthplace, Weisbrook Penna

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo L. Statley

Address, Cor. Calvert & Lansdale Sts

Remarks, City

HEALTH DEPARTMENT, BALTIMORE, MD.

Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 25/87

4. Place of Birth (Street and Number), No 1404 Filpart St

5. Full Name of Mother, Mary Gray

6. Mother's Maiden Name, Toil

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Gray

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1887

4. Place of Birth, (Street and Number) 166 George St.

5. Full Name of Mother, Fannie Law

6. Mother's Maiden Name, " Bond

7. Mother's Birthplace, England

8. Full Name of Father, Oliver P. Law

9. Father's Occupation, Painter

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.C.

Address, 518 Vanderbilt per L.B.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 93182.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25, 1887

4. Place of Birth, (Street and Number) 724 St. Paul St. E.O.

5. Full Name of Mother Alice Sharp Klingelhofer

6. Mother's Maiden Name, Alice Eugenie Sharp

7. Mother's Birthplace, California

8. Full Name of Father, George Jay Klingelhofer

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Flora A. Brewster M.D. Cora Belle " "

Address, 1817 Madison Ave.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 93183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
3. *Date of Birth,*	March 26
4. *Place of Birth, (Street and Number)*	720 Grindal ave
5. *Full Name of Mother,*	Alice Thomas
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Dorchester county md
8. *Full Name of Father,*	William Thomas
9. *Father's Occupation,*	Oystershucker
10. *Father's Birthplace,*	Dorchester county md
Name of Medical Attendant, or other Person who makes this Return.	Mary Mahle
Address,	142 York street
Remarks,	

APR 6 1907

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 26/87

4. Place of Birth (Street and Number), No 117 S. Register St.

5. Full Name of Mother, Louise Riefner

6. Mother's Maiden Name, Cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Riefner

9. Father's Occupation, Backer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93185.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White.

Date of Birth, March 24th 1887.

Place of Birth, (Street and Number) Halimite 113 + 115 W Lombard St

Full Name of Mother, Annie Smith.

Mother's Maiden Name, Do.

7. *Mother's Birthplace,* Virginia.

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim, M.D.

Address, 113 + 115 W. Lombard St.

Remarks,

Report its birth to the Commissioner of Health, in the [illegible] required, and any such person or persons who shall hereafter fail to comply with the [illegible] of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and [illegible] are [illegible].

APR 6 1887

BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

93186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, March 26th 1887
4. Place of Birth, (Street and Number) Maternity 113 & 115 W. Lombard St
5. Full Name of Mother, Clara Johnson,
6. Mother's Maiden Name, Do.
7. Mother's Birthplace, Virginia.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. L. F. Ankrim,

Address, 113 & 115 W. Lombard St.

Remarks,

APR 6 1887

BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Jewish
3. Date of Birth, 26 March
4. Place of Birth (Street and Number), 141 Low St.
5. Full Name of Mother, Sarah Solamon
6. Mother's Maiden Name, " Korp
7. Mother's Birthplace, Poland
8. Full Name of Father, Abraham Solomon
9. Father's Occupation, Baker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Ulbig

Address, 1302 Holland St

Remarks, Balt.

who shall hereafter fail to comply with the provisions of this section, [illegible] be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible] recoverable.

APR 5 1887 BALTIMORE

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 93188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Mch. 26th 1887

Place of Birth (Street and Number), # 304 Pleasant St

5. Full Name of Mother, Mary McGunnigle

6. Mother's Maiden Name, " O'Keefe

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, James McGunnigle

9. Father's Occupation, Horse Dealer

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Lillegust

Address, #182 E. Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 26th 1887
4. *Place of Birth (Street and Number),* No 105 Mulberry St.
5. *Full Name of Mother,* Eva Dietus.
6. *Mother's Maiden Name,* " Fisher
7. *Mother's Birthplace,* Hessen Damstadt
8. *Full Name of Father,* Frank X. Dietus.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Beiern.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

Name Philip Airey

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Male White
3. Date of Birth, March 27th
4. Place of Birth (Street and Number), Balto Mulberry St No 669
5. Full Name of Mother, Sophie Airey
6. Mother's Maiden Name, Sophie Menzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Airey
9. Father's Occupation, Watchman of Howard Bank
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 21, 23 Poppelton St

Remarks,

who shall hereafter fail to comply with the provisions of this Act, or shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 27 March
4. Place of Birth (Street and Number), 613 Short St.
5. Full Name of Mother, Frances Fisher
6. Mother's Maiden Name, " Hoffman
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Frederick H Fisher
9. Father's Occupation, Laboror
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Rose Ulbig

Address, 1302 Holland St

Remarks, Balt.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 5 1887 BALTIMORE MD.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93192.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 27 March

4. *Place of Birth (Street and Number),* 1331 Valley St.

5. *Full Name of Mother,* Lillie Rightmeyer

6. *Mother's Maiden Name,* " Oliver

7. *Mother's Birthplace,* Balt Md.

8. *Full Name of Father,* Henry Rightmeyer

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 28 Holland St.

Remarks, Balto.

for each offence, to be recovered as other

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 27/93
4. Place of Birth (Street and Number),	No 2126 Canton Ave
5. Full Name of Mother,	Freed. Mack
6. Mother's Maiden Name,	Gast
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Johann Mack
9. Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft.
Address,	No 405 S. Washington St.
Remarks,	

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers a... ...oners.

RETURN OF A BIRTH 93194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & Child.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

Date of Birth, Nov. 27th 1887.

Place of Birth, (Street and Number) New No. 411 Hisgnith St.

5. Full Name of Mother, Mary Elizabeth Medinger.

Mother's Maiden Name, " " Young.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, William L. Medinger.

9. Father's Occupation, Grocer.

Father's Birthplace, Balto. city.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M. D.

Address, #524 Sharp St.

Remarks,

APR 5 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH 93195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race).*	Colored
3. *Date of Birth,*	March 27th 1887
4. *Place of Birth (Street and Number),*	No 1110 Poush Alley
5. *Full Name of Mother,*	Rachael Scott
6. *Mother's Maiden Name,*	Rachael Hood
7. *Mother's Birthplace,*	Prince Georgia
8. *Full Name of Father,*	John Scott
9. *Father's Occupation,*	Hod Carrier
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant or other person who makes this Return.	Sarah Rollins
Address,	
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED APR 1 1887 REGISTRAR'S OFFICE BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* March 27th. 1887

4. *Place of Birth (Street and Number),* No 9025 Smiths Alley

5. *Full Name of Mother,* Larah ~~Jas~~ Netzel

6. *Mother's Maiden Name,* Larah Jaskosie

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Netzel

9. *Father's Occupation,* Wheel right.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mat Butt

Address, 647 S E. cor Centrel av & Monument St

Remarks, All Well.

BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section [illegible] be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93197.

GIVEN NAME ADDED 3.10.34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter Rosenthal

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3rd

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27th 1887

4. Place of Birth, (Street and Number) S.W. Cor. Wilkins Ave & Payson St.

5. Full Name of Mother, ~~Idel~~ ~~[illegible]~~ Idel Rosenthal

6. Mother's Maiden Name, Idel Marley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Fredrick W. Rosenthal

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, Cor Arlington & Lafayette Aves.

Remarks,

HEALTH DEPT. APR 4 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the requirements of this section, and any other person subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

93198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1887 BALTIMORE

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
2. Sex (state whether Male or Female) Female
3. Race or Color (if not of the white race) White
4. Date of Birth March 27th 1887
5. Place of Birth (Street and Number) 1624 Bolton St
6. Full Name of Mother Catharine Matilda Engler
7. Mother's Maiden Name Catharine Matilda Zimmerman
8. Mother's Birthplace Baltimore City
9. Full Name of Father Charles Engler
10. Father's Occupation Merchant
11. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Jos: Lloyd Martin M.D.

Address New No - 24 Mount Vernon Place

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 93199.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1887
4. *Place of Birth, (Street and Number)* 839 E Lombard street
5. *Full Name of Mother,* Minnie Long
6. *Mother's Maiden Name,* " Beyersdorf
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Long
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return 819 Aisquith Street, Dr. James E Whiteford, BALTIMORE, MD.

Address,

Remarks,

HEALTH DEPARTMENT, APR 1887, BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 93200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 27, 1887
4. Place of Birth, (Street and Number) Old No 13 Biddle St near McD. St.
5. Full Name of Mother, Sarah Alls
6. Mother's Maiden Name, " Binyaid
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Alls
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. H. W. White

Address, 1101 N. Broadway

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. APR 5 1887

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

93201.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1887
4. *Place of Birth, (Street and Number)* Fort ave
5. *Full Name of Mother,* Virginia McDonald
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD.

Address, 104 Fort av

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

BALTIMORE DEPARTMENT OF HEALTH

& Co., City Printers and Stationers.

RETURN OF A BIRTH

93202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1887
4. Place of Birth, (Street and Number) 267 McCulloch St
5. Full Name of Mother, Helen M. Martin
6. Mother's Maiden Name, " " White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo A Martin
9. Father's Occupation, Grocerman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St Rt 13

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other [illegible] recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 9320 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 27th 1889
4. Place of Birth (Street and Number),	No 1604 Chase St.
5. Full Name of Mother,	Matilda Schroeder
6. Mother's Maiden Name,	" Elsing
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ernest Schroeder
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A Bu[illegible]
Address,	647 S.E cor Central av & Monument St
Remarks,	All Well

the Commissioner of Health, in the manner and ... required, and any such person or persons who shall hereafter fail to comply with the ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93204

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [illegible] *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 27 March
4. *Place of Birth, (Street and Number)* #778 Sarah ann st
5. *Full Name of Mother,* Catharine Washington
6. *Mother's Maiden Name,* Catharine Anderson
7. *Mother's Birthplace,* Howard County Md
8. *Full Name of Father,* Richard Washington
9. *Father's Occupation,* Livery Stable Servant
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return James S Fulk M D

Address, No 312 Pearl St Balto.

Remarks, Please send me some envelopes

DEPARTMENT OF HEALTH BALTIMORE CITY 1907

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 93205.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Males
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* March 27th 1887
4. *Place of Birth (Street and Number),* 1544 Bruce St
5. *Full Name of Mother,* Sarah Parker
6. *Mother's Maiden Name,* Sarah Gantt
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Eddie Parker
9. *Father's Occupation,* Cart driver
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT APR 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8)

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 27th 1887
4. *Place of Birth (Street and Number),* #100 West Lombard St.
5. *Full Name of Mother,* Mary Wette
6. *Mother's Maiden Name,* Mary Reupke.
7. *Mother's Birthplace,* Hanover, Germany.
8. *Full Name of Father,* William Wette.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Hanover, Germany

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT MAR 27 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93207.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
Sex (state whether male or female),	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	March 27th 1887
4. *Place of Birth (Street and Number),*	Fulton st No 232
5. *Full Name of Mother,*	Susannah Miller
Mother's Maiden Name,	Susannah Millinhanger
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Miller
9. *Father's Occupation,*	Paper hanger
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Nelson
Address,	No 1623 Eutaw st
Remarks,	

APR 2 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall forfeit and pay each person so offending for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First (93208)
2. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 27th 1887
4. *Place of Birth, (Street and Number)*	322 Ross St. (Mesh)
5. *Full Name of Mother,*	Annie Dorsey.
6. *Mother's Maiden Name,*	Annie Cheres.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John R. Dorsey
9. *Father's Occupation,*	Waiter
Father's Birthplace,	Ellicott City, Md.
Name of Medical Attendant, or other Person who makes this Return	Edward E. Mackenzie, M.D.
Address,	206 W. Franklin St. Baltimore
Remarks,	Not any-

within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 93209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27. 1887

4. Place of Birth, (Street and Number) 1153 N. Mount st.

5. Full Name of Mother, Mary V. Clifford

6. Mother's Maiden Name, Mary V. Dobson.

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles K. Clifford

9. Father's Occupation, Plumber.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon MD

Address, 422 N. Mount st.

Remarks,

HEALTH DEPT. APR 4 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply ... subjected to the fine of ten (10) dollars for each offense to be recovered as other fines ... recovered by ...

...o., City Printers and Stationers

RETURN OF A BIRTH 93210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

Sex (state whether male ~~or female~~),

Race or Color (if not of the white race). White

3. *Date of Birth,* March 28th 1887

4. *Place of Birth (Street and Number),* S. Caroline St No 133

5. *Full Name of Mother,* Susan Lang

Mother's Maiden Name, Susan Schneider

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John Lang

9. *Father's Occupation,* Shoemaker

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St. No 114

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 932 11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 28th 1887.
4. *Place of Birth (Street and Number),* E. Baltimore St No 1923
5. *Full Name of Mother,* Katie Schwartz
6. *Mother's Maiden Name,* Katie Shuppel
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry. George. Schwartz
9. *Father's Occupation,* Sattler
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Müller

Address, N. Dallas St. No 114

Remarks,

APR 4 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of any such person or persons for each offence, to be recovered as other fines and penalties are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93212.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* Mar 28 1887

4. *Place of Birth, (Street and Number)* 229 Durham St

5. *Full Name of Mother,* Florence Gibson

6. *Mother's Maiden Name,* Florence G Darry

7. *Mother's Birthplace,* Washington

8. *Full Name of Father,* Alfred Gibson

9. *Father's Occupation,* Labor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 432 Register St

Remarks,

for each offense to be recovered as other fines and fo

APR 4 1887 BALTIMORE MD.

City Printer's and Stationer.

RETURN OF A BIRTH 93213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 28th

4. Place of Birth, (Street and Number) 618 W. Cross st.

5. Full Name of Mother, Annie Looze

6. Mother's Maiden Name, " Kreis

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Looze

9. Father's Occupation, Varnisher

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. C. L. Baddenbohn

Address, 610 S. Paca st,

Remarks, 93213

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 93214.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White race
Date of Birth,	March 23/87
Place of Birth, (Street and Number)	No 1522 Lloyd St.
Full Name of Mother,	Rachel Myers
Mother's Maiden Name,	" Hilliard
Mother's Birthplace,	Anne Arundel Co.
Full Name of Father,	Edward Myers.
Father's Occupation,	Laborer Man
Father's Birthplace,	Anne Arundel Co
Name of Medical Attendant, or other Person who makes this Return.	Annie Evans.
Address,	No. 634 Eight St.
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 93215.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.d
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colored
Date of Birth,	March 28
Place of Birth, (Street and Number)	731 Grindle Knt
Full Name of Mother,	Alice Butler
Mother's Maiden Name,	
Mother's Birthplace,	Colbert county md.
Full Name of Father,	John Butler
Father's Occupation,	Oyster shucker
Father's Birthplace,	Kent county md
Name of Medical Attendant, or other Person who makes this Return.	Mary Noble
Address,	142 York Street
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 93216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth March 28th 1887

4. Place of Birth, (Street and Number) 512 Park Avenue

5. Full Name of Mother, Nannie Macfarland Donaldson

6. Mother's Maiden Name, Nannie Macfarland

7. Mother's Birthplace, Virginia

8. Full Name of Father, Frank Donaldson Jr

9. Father's Occupation, Physician

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park Ave

Remarks,

APR 5 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 93217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	March 28th, 1887
Place of Birth, (Street and Number)	252½ Johnson St.
Full Name of Mother,	Charlotte Emma Wells
Mother's Maiden Name,	Mitchell
Mother's Birthplace,	Md
Full Name of Father,	Henry Wm Wells
Father's Occupation,	Ass't. Supt. Prudential Insurance Co.
Father's Birthplace,	Md.
Name of Medical Attendant, or other Person who makes this Return.	Robert S. Lowe, M. D.
Address,	1019 Light St.
Remarks,	

APR 5 1887 BALTIMORE MD.

For each offense to be recovered as other fines are forfeitures are

City Printers and Stationers

RETURN OF A BIRTH

9321 18.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 28th.

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Katie [illegible]

6. *Mother's Maiden Name,* Katie [illegible]

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

BALTIMORE, MD. MAR 5 1887

or persons who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93219.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Third

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 28 - 87

4. Place of Birth (Street and Number), No 1433 Harford Ave

5. Full Name of Mother, Katie Bollinhaffer

6. Mother's Maiden Name, " King

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm George Bollinhaffer

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

REGISTERED APR 1 1887 BALTIMORE

...shing Co., City Printers and Stationers

RETURN OF A BIRTH. 93220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 29, 1887

4. Place of Birth, (Street and Number) 1908 E Baltimore St

5. Full Name of Mother, Virginia Lee Dawson

6. Mother's Maiden Name, Simpson

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Welington Sea Brook Dawson

9. Father's Occupation, R, R Express Messinger

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. M, A Davenport

Address, 225 S Ann St

Remarks, Mother and Babe doing Well

MAR 30 1887

BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93221.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Jewish
3. Date of Birth, 29 March
4. Place of Birth (Street and Number), 159 Harrison St
5. Full Name of Mother, Mary Libofsky
6. Mother's Maiden Name, " Simon
7. Mother's Birthplace, Poland
8. Full Name of Father, Charles Libofsky
9. Father's Occupation, Butcher
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St

Remarks,

who shall hereafter fail to comply with the provisions of the [illegible] required, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 5 1887

BALTIMORE MD

[illegible]blishing Co., City Printers and Stationers

RETURN OF A BIRTH.

93222.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MD. APR 1 1907

1. *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)*	3d
2. *Sex (state whether Male or Female)*	male
3. *Race or Color (if not of the white race)*	(Negro)
4. *Date of Birth*	march 29
5. *Place of Birth (Street and Number)*	615 S. Paca
6. *Full Name of Mother*	Carrie L. Lemmert
7. *Mother's Maiden Name*	md
8. *Full Name of Father*	George Sumler
9. *Father's Occupation*	Shoefitter
10. *Father's Birthplace*	Ohio
Name of Medical Attendant, or other Person who makes this Return.	Dr. Williams M.D.
Address	949 Madison ave.
Remarks	About 6½ months - pregn — Respiration instigated by swinging — lived two days —

RETURN OF A BIRTH 93223.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 29th 1887

4. *Place of Birth (Street and Number),* No 9 Cooper Place

5. *Full Name of Mother,* Mary Theala

6. *Mother's Maiden Name,* " " Hess

7. *Mother's Birthplace,* Baltimore Co.

8. *Full Name of Father,* Herman Theala.

9. *Father's Occupation,* Sabrer.

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

for each offence, to be recovered as other fines and f

...shing Co., City Printers and Stationers

RETURN OF A BIRTH

93224.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Ch

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Mar. 29/87

4. Place of Birth, (Street and Number) 122 S. Washington

5. Full Name of Mother, Fannie M. Beauchamp

6. Mother's Maiden Name, " " Gilligan

7. Mother's Birthplace, Dle.

8. Full Name of Father, James W. Beauchamp, deceased

9. Father's Occupation,

10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wirtius

Address, 226 S. Bdy

Remarks,

APR 1 1887

BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 (93225)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* marsh 29
4. *Place of Birth, (Street and Number)* 405 donsun al
5. *Full Name of Mother,* mary allan flaraday
6. *Mother's Maiden Name,* mary allan flaraday
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* tom flaraday
9. *Father's Occupation,* labor
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other Person who makes this Return

Address, Abary Bertner

Remarks, 241 Chester St

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 31 188

BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 93226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
2. Sex (state whether male or female),	Female
3. Color or Color (if not of the white race),	Colord
3. Date of Birth,	March 29th. 1887
4. Place of Birth (Street and Number),	No 1304 Mulliken St.
5. Full Name of Mother,	Harriet Gillmor
6. Mother's Maiden Name,	Harriet Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Gillmor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M. A. Butt.
Address,	647 S.E. cor Centrel av & Monument St.
Remarks,	All Well

APR 4 1887 BALTIMORE

for each offence, to be recovered as other fines and for

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colord.

Date of Birth, March 29 1887

Place of Birth, (Street and Number) 1011 durham St city

Full Name of Mother Jennie Camphor age 16

Mother's Maiden Name, Jennie Camphor

Mother's Birthplace, Lewis St city

Full Name of Father, James Cook age 21

Father's Occupation, Brickmaker

Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return Elen Carson

Address, 1026 Chappel St city

Remarks,

FRANCIS WHITFIELD APR 4 1887 BALTIMORE CITY

TERS AND STATIONERS

RETURN OF A BIRTH 93228.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29th 1887

4. Place of Birth, (Street and Number) Charles & Heath Sts

5. Full Name of Mother, Delia A. Henry

6. Mother's Maiden Name, " " Walsh

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jno Henry

9. Father's Occupation, Riverman

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D.C.

Address, 518 Hanover

Remarks,

for each offense to be recovered as other [illegible] and forfeitures are recoverable.

APR 4 1887

BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH 93229.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 30th of March 1887
4. *Place of Birth (Street and Number),* 1 E. York st
5. *Full Name of Mother,* Emma Kolb
6. *Mother's Maiden Name,* Emma Stesch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John William Kolb.
9. *Father's Occupation,* Glass cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Leadenhall St.

Remarks,

APR 2 1887 BALTIMORE

...hing Co., City Printers and Stationers

RETURN OF A BIRTH

932 30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 baby

Sex, (state whether male or female) a boy.

Race or Color, (if not of the white race) a colorade

Date of Birth. 30 of March

Place of Birth, (Street and Number) 130 Welch Alley.

Full Name of Mother. Fannie Tuckson

Mother's Maiden Name, Fannie Richards

Mother's Birthplace, born at Middle River

Full Name of Father, George ~~[illegible]~~ Tuckson

Father's Occupation, a Farmer

Father's Birthplace, in Virginia

Name of Medical Attendant, or other Person who makes this Return Miss Cross

Address,

Remarks.

HEALTH DEPARTMENT, BALTIMORE CITY

TERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(93231)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth, Mch 30. 1887

4. Place of Birth, (Street and Number) 172 George

5. Full Name of Mother, Eugenia McFadden

6. Mother's Maiden Name,

7. Mother's Birthplace, ~~U.S.~~ Ireland

8. Full Name of Father, Frank McFadden

9. Father's Occupation, Stone dresser

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 1019 Linden

Remarks,

any person or persons who shall hereafter [illegible] with the provisions of this section shall be subject to a fine of ten dollars for each offence [illegible] recoverable.

APR 5 1887 BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 (93232)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30th 1887
4. Place of Birth, (Street and Number) Ann. No. 407 N. Washington St.
5. Full Name of Mother, Elizabeth Ann. Stout
6. Mother's Maiden Name, Elizabeth Ann. Butler
7. Mother's Birthplace, ~~Andran~~ Anderwand Co.
8. Full Name of Father, Martin E. Stout
9. Father's Occupation, Expressman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Henriette Glassgo

Address, New. No. 2327 E. Hackeldre St

Remarks, Both doing Well.

BALTIMORE, MD.

APR 5 1887

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

93233

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9
1. *Sex* (state whether male or female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 30th
4. *Place of Birth* (Street and Number) 727 Baker St
5. *Full Name of Mother* Isabell Bernhaus
6. *Mother's Maiden Name* Isabell Barnsley
7. *Mother's Birthplace* Montgomery Co
8. *Full Name of Father* Henry Kershaw
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* England
11. *Name of Medical Attendant*, or other Person who makes this Return. Mrs G W Burke
Address 2154 Fulton ave
Remarks Doing Well

RETURN OF A BIRTH. 93234.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First —

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 30th 87
4. *Place of Birth, (Street and Number)* 820 N. Wolf St
5. *Full Name of Mother,* Elizabeth Brown
6. *Mother's Maiden Name,* Elizabeth Talbott
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* John H. Brown
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address, Cor Park Ave & Mulberry St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

APR 1 1887 BALTIMORE MD.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	F
Race or Color (if not of the white race),	W
Date of Birth,	March 30
Place of Birth (Street and Number),	845 N. Howard St
Full Name of Mother,	Agnes Weber
Mother's Maiden Name,	Blondell
Mother's Birthplace,	Bach
Full Name of Father,	Jos Weber
Father's Occupation,	Clerk
Father's Birthplace,	Pikesville Md
Name of Medical Attendant, or other person who makes this Return.	N. Winslow
Address,	412 W. Biddle St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

BALTIMORE CITY BOARD OF HEALTH

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 26 (93236)

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30th 1887
4. *Place of Birth, (Street and Number)* S E Cor Edmondson Ave & Gilmor
5. *Full Name of Mother,* Carrie L. Carrigan
6. *Mother's Maiden Name,* " " Berry
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Carrigan
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr H Eyster

Address,

Remarks, Geo H Eyster
1 Waverley Terrace

BALTIMORE, MD. APR 4 1887

report its birth to the Commissioner of Health, ... and above required, and any such person or persons who shall hereafter fail to comply w... subjected to the fine of ten (10) dollars for each offence to be recovered as other fine...

... & Co., City Printers and Stationers.

RETURN OF A BIRTH 93237.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 30 Marg

4. *Place of Birth (Street and Number),* Cross St Nr 154

5. *Full Name of Mother,* Mary Anna Stang

6. *Mother's Maiden Name,* Mary Anna Zeller

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frand Stang

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mis Munch

Address, 800 Ladenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 2 188

BALTIMORE

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93238.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 30th 1887

4. Place of Birth, (Street and Number) Dunsan alley near Eastern Ave

5. Full Name of Mother. Maggie Sulivan

6. Mother's Maiden Name, " Whalen

7. Mother's Birthplace. Baltimore City Md

8. Full Name of Father. Martin Sulivan

9. Father's Occupation. Waterman

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rachel A. Tyler

Address. 65 Burke St

Remarks, New No 710

BALTIMORE CITY
APR 1887
BOARD OF HEALTH

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1887
4. Place of Birth, (Street and Number) 17 E Montgomery St
5. Full Name of Mother, Millison M Fall
6. Mother's Maiden Name, " " Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry P Fall
9. Father's Occupation, Salesman
10. Father's Birthplace, Dorchester Co Md
11. Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M D Co
Address, 518 Hanover St for Lab
Remarks,

BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixteenth (93240)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 30. '87

4. Place of Birth, (Street and Number) 760 Chestnut Alley

5. Full Name of Mother, Mary Ellen Chaplin

6. Mother's Maiden Name, Mary Ellen Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nelson Chaplin

9. Father's Occupation, Waiter

10. Father's Birthplace, Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return Geo. C. Shannon M.D.

Address, 1434 Pennsylvania Ave

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, APR 1 1887, BALTIMORE MD.

Y PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-4-51

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Emma~~ Grace Albert (93241)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1887
4. Place of Birth, (Street and Number) Division St # 369
5. Full Name of Mother, Hannah Albert
6. Mother's Maiden Name, Hannah Gunnison
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry C. Albert
9. Father's Occupation, Saw Sharpener
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return L. G. Sparrow M D

Address, # 1011 N. Mount St

Remarks,

MAR 31 1887 BALTIMORE, MD.

...ary of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH

93242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 1887
4. *Place of Birth, (Street and Number)* 1800 Light St.
5. *Full Name of Mother,* Mary Shelhaus
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry Shelhaus
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD.

Address, 104 Fort av

Remarks,

report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

APR 4 1887 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	March 30 - 87
4. Place of Birth (Street and Number),	No 65 Robert St
5. Full Name of Mother,	Mary E. Suter
6. Mother's Maiden Name,	" " Milburn
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm H. Suter
9. Father's Occupation,	Engraver
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary C. Burrell
Address,	No 912 McDonogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 93244.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Mar. 31/87
4. *Place of Birth, (Street and Number)* 2108 E. Fayette
5. *Full Name of Mother,* Sarah V. Shaw
6. *Mother's Maiden Name,* " " Crisp
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Daniel E. Shaw
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. J. L. Wirtin

Address, [illegible] Bldg

Remarks,

APR 1 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH

93245.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 30
4. *Place of Birth, (Street and Number)* 330 Mulberry St.
5. *Full Name of Mother,* Sallie Smith
6. *Mother's Maiden Name,* — Taylor
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel Smith
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt^o Co

Name of Medical Attendant, or other Person who makes this Return. H. M. Wilson

Address, 1008 Mad. Ave.

Remarks, Instrumental Assistance

BALTIMORE, MD. APR 4 1887

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH 9326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 30 1887

4. *Place of Birth (Street and Number),* 1715 Eastern Ave

5. *Full Name of Mother,* Lizzy Kunkle

6. *Mother's Maiden Name,* Slater.

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Charles Kunkle

9. *Father's Occupation,* Cigar Manufacturer

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Lizzy Kitz

Address, 1744 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93247.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, March 31st 1884

4. Place of Birth (Street and Number), 404 Ame st

5. Full Name of Mother, Bubery Nelson

6. Mother's Maiden Name, " " Evert

7. Mother's Birthplace, City

8. Full Name of Father, Fred Nelson

9. Father's Occupation, Fireman

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1044 Bankot

Remarks,

the Commissioner of Health, in the manner and within the [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] are recoverable.

BALTIMORE MD.

[illegible]blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 31st
4. Place of Birth, (Street and Number)	New No. 924 Argyle Ave,
5. Full Name of Mother,	Theresa Rosenthal
6. Mother's Maiden Name,	Theresa Kaun
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Isaac Rosenthal
9. Father's Occupation,	Merchant
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ft Jenkins
Address,	400 Cathedral St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH. 93249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5-te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	Jan 21 - 1887
4. *Place of Birth, (Street and Number)*	72 Hanover -
5. *Full Name of Mother,*	Mary Stevens
6. *Mother's Maiden Name,*	" Rehm -
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alphons Stevens
9. *Father's Occupation,*	Heather Worker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. Hartt MD
Address,	403 W. Fayette -
Remarks,	"

APR 1 1887 BALTIMORE

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 93250.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 31st 1887.

4. *Place of Birth, (Street and Number)* Hotel Breslin Park ave

5. *Full Name of Mother,* Ella G. Chapman

6. *Mother's Maiden Name,* Ella G. Peck

7. *Mother's Birthplace,* Saratoga Springs N.Y.

8. *Full Name of Father,* Frank S. Chapman

9. *Father's Occupation,* Musician

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. I. H. Kaborg M.D.

Address, 414 N. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	March 31 1887
4. Place of Birth (Street and Number),	Dover st 1827
5. Full Name of Mother,	Anny Hardesty
6. Mother's Maiden Name,	Anny Spilmire
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Hardesty
9. Father's Occupation,	glass blower
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	No 1623 Pratt st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. 1887

...blishing Co., City Printers and Stationers.

93252.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, March 31st 1887

4. Place of Birth (Street and Number), 615 N. Castle St.

5. Full Name of Mother, Anna M. Fuchs

6. Mother's Maiden Name, Kirchner

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Fuchs

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S. E. Cor. Caroline & Eager Sts.

Remarks,

BALTIMORE, MD. APR 4 1887

mother, immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93253.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* March 31 — 1887
4. *Place of Birth (Street and Number),* 203 Slimmer Alley
5. *Full Name of Mother,* Maria Albrecht
6. *Mother's Maiden Name,* Weigand
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Albrecht
9. *Father's Occupation,* Shoe-Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

BALTIMORE, MD. APR 5 1887

the Commissioner of Health, in the m[illegible] above required, and any such person or persons who shall hereafter fail to comply w[illegible] provisions of this se[illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible] recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

93254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth, Mar. 31. 1887

4. Place of Birth, (Street and Number) W. Lexington Street

5. Full Name of Mother, Ella Wastman

6. Mother's Maiden Name, " Bro

7. Mother's Birthplace, Balt.

8. Full Name of Father, Chas. Wastman

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C W Neff

Address, 763 W Fayette St

Remarks,

APR 5 1887 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 93255.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

Date of Birth, March 31 / 1887

4. *Place of Birth (Street and Number),* 29 S. Eden St.

5. *Full Name of Mother,* Elithia ~~Estes~~ Jones

6. *Mother's Maiden Name,* Cahoo

7. *Mother's Birthplace,* Delaware U S

8. *Full Name of Father,* Charles Jones

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks, Illegible

APR 5 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 31
4. *Place of Birth, (Street and Number)*	McCulloh St.
5. *Full Name of Mother,*	Charlotte McAllister
6. *Mother's Maiden Name,*	— Guard
7. *Mother's Birthplace,*	Africa
8. *Full Name of Father,*	Wm H. McAllister
9. *Father's Occupation,*	Clergyman
Father's Birthplace,	United States
Name of Medical Attendant, or other Person who makes this Return.	A. M. Wilson
Address,	1008 Mad. Ave.
Remarks,	

APR 24 1897 BALTIMORE

or persons who shall hereafter fail to comply with the
for each offence to be recovered as other fines and

Co., City Printers and Stationers.

RETURN OF A BIRTH. 93257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* March 31st 11.30 P.M.

4. *Place of Birth, (Street and Number)* 256 Rock St

5. *Full Name of Mother,* Mary Danaher

6. *Mother's Maiden Name,* Mary Massey

7. *Mother's Birthplace,* Philadelphia Pa

8. *Full Name of Father,* Michael Danaher

9. *Father's Occupation,* Farrier

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M D

Address, 1136 Lexington St

Remarks,

APR 4 1887 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

[illegible]ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

9.2258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* March 31, 1887

4. *Place of Birth, (Street and Number)* 420 N. Wolfe St.

5. *Full Name of Mother,* Matilda Moore

6. *Mother's Maiden Name,* Jackson

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Moore

9. *Father's Occupation,* Iron Moulder

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 415 Walker St. Balto Md.

Remarks,

APR 4 1887

BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93259.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Gentle
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March Thirty first
4. *Place of Birth, (Street and Number)*	Wheatcoat Street 1141
5. *Full Name of Mother,*	Mary Catherine Rider
6. *Mother's Maiden Name,*	Mary Catherine Hammond
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Elexander Rider
9. *Father's Occupation,*	Cabinet Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Donley
Address,	14 1635
Remarks,	None.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 93260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 3/87

4. *Place of Birth (Street and Number),* No 528 S. Ann St.

5. *Full Name of Mother,* Kate Frankeka

6. *Mother's Maiden Name,* Stanislaus

7. *Mother's Birthplace,* Polen

8. *Full Name of Father,* Bartholomai Frankeka

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* March 31/87

4. *Place of Birth (Street and Number),* No 1 Essex St.

5. *Full Name of Mother,* Louise Fink

6. *Mother's Maiden Name,* Zimmerman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Fink

9. *Father's Occupation,* Barber

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krafft.

Address, No 405 S. Washington Ave.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

APR 5 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93262.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* March 31st, 1887

4. *Place of Birth, (Street and Number)* 614 W. Biddle St. near Penna Avenue

5. *Full Name of Mother,* Ambrosia Goode

6. *Mother's Maiden Name,* " Lientod

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank P. Goode

9. *Father's Occupation,* Clerk - Manager

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, No. 118 E Franklin St.

Remarks,

HEALTH DEPARTMENT APR 9 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

93263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 7 of March 1887

4. Place of Birth, (Street and Number) 509 Cole Street

5. Full Name of Mother, Alice Coursey

6. Mother's Maiden Name, Alice Scott.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sandy Scott.

9. Father's Occupation, Driver Coal Cart

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address, 815 King Street.

Remarks,

HEALTH DEPARTMENT APR 17 1887 BALTIMORE, MD.

Reporters or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now made.

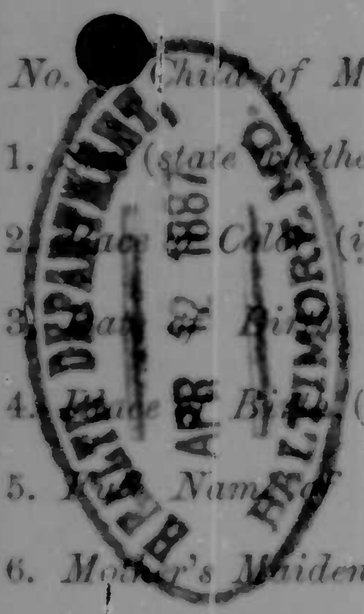
Co., City Printers and Stationers.

RETURN OF A BIRTH

93264.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



HEALTH DEPARTMENT, APR 12 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 532 Addison Ally

4. Place of Birth (Street and Number) 9th of March 1887

5. Full Name of Mother, Grace Stenson

6. Mother's Maiden Name, Grace Foster

7. Mother's Birthplace, Carrol County

8. Full Name of Father, Samuel Stanson

9. Father's Occupation, Laborer.

10. Father's Birthplace, Nouvera Italy.

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 315 King Street.

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

93265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1887

4. Place of Birth, (Street and Number) Chesapeake St

5. Full Name of Mother, Emma Bowen

6. Mother's Maiden Name, Emma Meads

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, C. H. Bowen

9. Father's Occupation, Fertilizer Manufactures

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return J H Martin

Address, 910 Canton St

Remarks.

BALTIMORE CITY PRINTERS APR 12 1887 BALTIMORE MD

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 93266.

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

...ber, (*state whether* 1st, 2d, 3d, &c.)	the Sixth
...er male or female)	Male
...if not of the white race)	White
	March 22
...(Street and Number)	Baltimore No 393 Selma Place
...Mother	Sarah Harkin
...Name	Sarah Flynn
...place	Baltimore
...Father	John Harkin
...ation	Black Smith
...lace	Ireland
...l Attendant, or other Person who makes this Return.	Mrs Ruth A Calhoun
	Old number No. 674 West Pratt St

RETURN OF A BIRTH 932 67.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31/87
4. Place of Birth, (Street and Number) 365 S Charles St
5. Full Name of Mother, Rebecca Aberham
6. Mother's Maiden Name, Rebecca Wolosan
7. Mother's Birthplace, Russa
8. Full Name of Father, Barnet Aberham
9. Father's Occupation, Peddler
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return, Mrs R Goldsmith

Address, 87 Sharp St

Remarks, "

HEALTH DEPARTMENT BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93268.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 25, '87

4. Place of Birth, (Street and Number) 1022 Clifton Place

5. Full Name of Mother, Rose Ella Brodwater

6. Mother's Maiden Name, Rose Ella Bond

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Marion Brodwater

9. Father's Occupation, House Painter.

10. Father's Birthplace, Snow Hill Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return, J B Saunders Mrs

Address, 819 E. Chase St Baltimore

Remarks,

APR 14 1887 BALTIMORE

Report its birth to the Commissioner of Health, or its Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

March 27 1857

RETURN OF A BIRTH. 93269.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3 *Date of Birth*	March th 27
4. *Place of Birth, (Street and Number)*	Williamson St No 30
5. *Full Name of Mother,*	Emmy Proctor
6. *Mother's Maiden Name,*	Emmy Richardson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Joseph Proctor
9. *Father's Occupation,*	Clerk
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caskey
Address,	No 213 Heath St
Remarks,	Doing well

APR 4 1857 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ov & Co., City Printers and Stationers.

RETURN OF A BIRTH. 93270.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th 1887
4. Place of Birth (Street and Number)	2028 E. Hoffman St.
5. Full Name of Mother	Jennie Hopwood
6. Mother's Maiden Name	Jennie Harrison
7. Mother's Birthplace	Harrisonburg Va
8. Full Name of Father	Thos. E. Hopwood
9. Father's Occupation	Fireman
10. Father's Birthplace	Frederick Md.
Name of Medical Attendant, or other Person who makes this Return.	A. G. Watson
Address	1301 N. Central Ave.
Remarks	

of such child or children.

parents, and the maiden name of the mother of

March the 27 1884

RETURN OF A BIRTH. 93271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth March th 27
4. Place of Birth, (Street and Number) Hamburg St No 24
5. Full Name of Mother, Rebecken Hill
6. Mother's Maiden Name, Rebecken finly
7. Mother's Birthplace, Cisel County
8. Full Name of Father, James Hill
9. Father's Occupation, Sexton
10. Father's Birthplace, Cisel County

Name of Medical Attendant, or other Person who makes this Return. M D Cakey

Address, No 213 Heah St

Remarks, Doing well

BEAUTIFUL, APR 14 18[illegible] BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and [illegible] to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 93272.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 27/97

4. *Place of Birth, (Street and Number)* 258 Light St

5. *Full Name of Mother,* Fannie Felicia

6. *Mother's Maiden Name,* Fannie [redacted] Blumitz

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Moses Schiew

9. *Father's Occupation,* Book Keeper

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 27 Wharf St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

March th. 30 1887 GIVEN NAME ADDED. 3-19-52 932/3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 8 Florence Sunstrom

1. *Sex.* (state whether male or female) female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* March the 30 - 1887
4. *Place of Birth,* (Street and Number) Charles St 586
5. *Full Name of Mother,* Bell Sunstrom
6. *Mother's Maiden Name,* Bell Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Calvin Sunstrom
9. *Father's Occupation,* Lieutenant
10. *Father's Birthplace,* Baltimon
11. *Name of Medical Attendant,* or other Person who makes this Return. H R Harley
12. *Address,* No 213 Heath St
13. *Remarks,* Daisy mill

Report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

hy & Co., City Printers and Stationers.

March 29 1889

RETURN OF A BIRTH. 93274.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth ~~James Alley~~ March 29

4. Place of Birth, (Street and Number) James Alley 1015

5. Full Name of Mother, Bena Behrens

6. Mother's Maiden Name, Bena Behrens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Behrens

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M R Mackay

Address, No 213 Heath St

Remarks, Doing well

report its birth to the Commissioner of Health, in the manner provided by the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recovered.

...hy & Co., City Printers and Stationers.

Missing #93275 - #93282, incl.

ORIGINAL CERTIFICATES MISSING

93275	year 1885	Copied out Vol. 8
93276	year 1886	" " 8
93277	year 1886	" " 8
93278 to 93282	yr 1887	" " 8

RETURN OF A BIRTH 93283.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
2. Sex (state whether male or female),	female
3. Race or Color (if not of the white race),	White
4. Date of Birth,	February 12t. 1887
4. Place of Birth (Street and Number),	1008 Chase St.
5. Full Name of Mother,	Lizzie Arnold
6. Mother's Maiden Name,	Schmidt.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Arnold
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	647 S.E. cor Centre av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Feb 1st 1887

4. *Place of Birth, (Street and Number)* ~~1906~~ 1906 Barker

5. *Full Name of Mother,* Maggie Louse

6. *Mother's Maiden Name,* Maggie Heinlein

7. *Mother's Birthplace,* Balto md

8. *Full Name of Father,* John Louse

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other Person who makes this Return. Miss A Lucas

Address, 609 Mosher St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the like penalty for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93285.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	February 3rd 1887
4. *Place of Birth (Street and Number),*	196 Preston St.
5. *Full Name of Mother,*	Lizzie Ritchly
6. *Mother's Maiden Name,*	Lizzie Lange
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Hary Ritchly
9. *Father's Occupation,*	Brickmaker
10. *Father's Birthplace,*	Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Central av. & Monument St.

Remarks, All Well

BALTIMORE, MD.

the Commissioner of Health, in the manner and [illegible] who shall hereafter fail to comply with the provisions [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 5th 1887
4. Place of Birth, (Street and Number) 345 Biddle St
5. Full Name of Mother, Annie Carr
6. Mother's Maiden Name, " Scribs
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Carr
9. Father's Occupation, Candy maker
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messenzehl

Address, 607 Mosher St

Remarks,

BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this Return, or shall be ... for each offense to be recovered as other fines and forfeitures are recovered, Stable. 13 1887

Co., City Printers and Stationers,

RETURN OF A BIRTH 93287.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* 7 Feb 1887
4. *Place of Birth (Street and Number),* 225 Linden ave extended
5. *Full Name of Mother,* Mary A Gettier
6. *Mother's Maiden Name,* " " Goss
7. *Mother's Birthplace,* California
8. *Full Name of Father,* Louis P. Gettier
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. E G Lane Tannyhill

Address, 922 Madison ave.

Remarks,

[illegible]

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

93288.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 7th 1887
4. *Place of Birth, (Street and Number)* 518 Lawrence St
5. *Full Name of Mother,* Rachel Hornick
6. *Mother's Maiden Name,* " McConnely
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lenord Hornick
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesen, etc

Address, 609 Mosher St

Remarks,

FEB 7 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93289.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, February 7th. 1887
4. Place of Birth (Street and Number), 903 Forest St.
5. Full Name of Mother, Lizzie McManes
6. Mother's Maiden Name, Lizzie Leden
7. Mother's Birthplace, Ireland
8. Full Name of Father, John McMannes
9. Father's Occupation, Laboror
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 147 S.E. cor Centre av. & Monument St.

Remarks, Ill Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAR 30 1887 BALTIMORE, MD.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93290.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 30 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, February 7th. 1887
4. Place of Birth (Street and Number), 427 Broadway
5. Full Name of Mother, Mina Barthel
6. Mother's Maiden Name, Mina Amthor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Barthel
9. Father's Occupation, School Teacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Centrel av. & Monument St

Remarks, All Well

who shall hereafter fail to comply with the provisions of ... for each offence, to be recovered as other fines and forfeitures are ... of ten (10) dollars

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BUREAU OF VITAL STATISTICS
MAR 30 1891
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd.
Sex, (state whether male or female),	Female
Race or Color (if not of the white race),	White
Date of Birth,	February 9. th 1887
Place of Birth (Street and Number),	609. Caroline St.
5. Full Name of Mother,	Annia Hall
6. Mother's Maiden Name,	Annia Ridgway
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	David Hall
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. J. Butt
Address,	641 S.E. cor Centre av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 10 1887
4. *Place of Birth, (Street and Number)* 776 Saratoga St
5. *Full Name of Mother,* Carrie Neaton
6. *Mother's Maiden Name,* " Schlag
7. *Mother's Birthplace,* Balte
8. *Full Name of Father,* John Neaton
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balte

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzche

Address, 609 Mulberry St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 10th 1881
4. Place of Birth, (Street and Number) 1529 Stricker St
5. Full Name of Mother, Carolina Scharr
6. Mother's Maiden Name, " Iceman
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Scharr
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 609 Mosher St

Remarks,

BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 93294.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	February 10th. 1887
4. *Place of Birth (Street and Number),*	No. 5 Eden St.
5. *Full Name of Mother,*	Ella Von Holton.
6. *Mother's Maiden Name,*	Ella Flemeny.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Von Holton
9. *Father's Occupation,*	Machine Agent
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Bitt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered &c.

BALTIMORE, MD.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93295.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, February 11th 1887
4. Place of Birth (Street and Number), No 200 Exeter St.
5. Full Name of Mother, Mary Cordry
6. Mother's Maiden Name, " Gardinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Cordry
9. Father's Occupation, Canmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt.

Address, 647 S.E. cor Centrel av. & Monument St.

Remarks, All Well

MAR 10 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this [illegible] shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible] recoverable.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93296.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	February 12th. 1887
4. Place of Birth (Street and Number),	No 1105 Hoffman St.
5. Full Name of Mother,	Anna Gaering
6. Mother's Maiden Name,	Anna Metz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Gaering
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A Butt.
Address,	647 S E. cor Central av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 93297.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or ~~female~~)*
2. *Race ~~or Color~~, (if not of the white race)*
3. *Date of Birth,* Feb 14, 1887
4. *Place of Birth, (Street and Number)* 429 N High St
5. *Full Name of Mother,* Margaret A. Frist
6. *Mother's Maiden Name,* " Arthur
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John E. Frist
9. *Father's Occupation,* Coach Maker
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Walter W. White

Address, 1101 N. Broadway

Remarks,

APR 5 1887

...or persons who shall hereafter fail to comply with the provisions of this Return, are recoverable. For each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 7.3298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	February 13th. 1887
4. *Place of Birth (Street and Number),*	1014 Durham St.
5. *Full Name of Mother,*	Mary J. Turner
6. *Mother's Maiden Name,*	Mary J. Anderson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. W. Turner
9. *Father's Occupation,*	Matress maker
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	A. A. Budd.
Address,	647 S.E. cor. Central av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provis... of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and...

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93299.

To the Office of Registrar of Vital Statistics, Board of Health., Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* February 16th

4. *Place of Birth (Street and Number),* ~~1127~~ 713 Parish Alley

5. *Full Name of Mother,* Adeline Frisby

6. *Mother's Maiden Name,* Adeline Selby

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Joseph Frisby

9. *Father's Occupation,* porter

10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return. Maria E Jones

Address, 1337 Whalcoat St

Remarks,

the Commissioner of Health, in the manner and within the [illegible] who shall hereafter fail to comply with the provisions of this [illegible] for each offence, to be recovered as other fines and forfeitures [illegible]

MAR 21

Hopkins Co. City Printers and Stationers

RETURN OF A BIRTH

93300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* February 16th
4. *Place of Birth (Street and Number),* 1426 Bruce st
5. *Full Name of Mother,* Catherne Frye
6. *Mother's Maiden Name,* Catherne Bowyer
7. *Mother's Birthplace,* Balto co Md
8. *Full Name of Father,* Jesse Frye
9. *Father's Occupation,* oyster carrier
10. *Father's Birthplace,* Balto co Md

Name of Medical Attendant, or other person who makes this Return. Mariah Jones

Address, 1337 whatcoat st

Remarks,

MAR 31 1900 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stati...

RETURN OF A BIRTH 93301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 17th 1887
4. *Place of Birth, (Street and Number)* 1553 Argyle ave
5. *Full Name of Mother,* Annie Wall
6. *Mother's Maiden Name,* " Luk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Dennis Wall
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 609 Mosher St

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 93302.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 18th 1887
4. Place of Birth, (Street and Number) 8 Kensert St
5. Full Name of Mother, Mary Beck
6. Mother's Maiden Name, " Hernsberger
7. Mother's Birthplace, Balto
8. Full Name of Father, Philipp Beck
9. Father's Occupation, Huckster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs C. Mesenz [illegible]

Address, 609 Mosher St

Remarks,

[illegible] DEPARTMENT [illegible] BALTIMORE [illegible]

[illegible], City Printers and Stationers.

RETURN OF A BIRTH. 93303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb. 18, 1887
4. Place of Birth, (Street and Number) 1430 N. Chester St
5. Full Name of Mother, Ellen Hanney
6. Mother's Maiden Name, " Welch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Hanney
9. Father's Occupation, Labover
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. White

Address, 1101 N Broadway

Remarks,

HEALTH DEPARTMENT APR 5 1887 BALTIMORE CITY

...or persons who shall hereafter fail to comply with the provisions ... for each offence to be recovered as other fines and forfeitures are ...

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 93304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* February 18th. 1887
4. *Place of Birth (Street and Number),* No 639 Centrel av.
5. *Full Name of Mother,* Jinnie McClady
6. *Mother's Maiden Name,* Jinnie Rappold
7. *Mother's Birthplace,* Petersburg Va.
8. *Full Name of Father,* John McClady.
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Centrel av. & Monument St.

Remarks, All Well

Who shall hereafter fail to comply with the provisions of this Return, shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race). Colored
3. Date of Birth, February 19th. 1887
4. Place of Birth (Street and Number), 8023 Sterling St
5. Full Name of Mother, Ema Chase
6. Mother's Maiden Name, Ema Taylor
7. Mother's Birthplace, Balto.
8. Full Name of Father, Solomon Chase
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Centre av. & Monument St

Remarks, All Well

Who shall hereafter fail to comply with the provisions of this section, will be subjected to the same of ten (10) dollars for each offence, to be recovered as other fines and forfeitures and recovered.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

93306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1887

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Feb. 20th 1887
4. Place of Birth (Street and Number), 185 S. Sharp St.
5. Full Name of Mother, Josephine Freitag
6. Mother's Maiden Name, " " Denhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry F. Freitag
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Gombel, M.D.

Address, 610 S. Sharp St.

Remarks,

Who shall hereafter fail to comply with the provisions of this Act, or shall be guilty of any other fraud or deceit, for each offence, to be recovered as other fines and forfeitures are recovered.

Baltimore Co. City Printers and Stationers

RETURN OF A BIRTH 9330?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	February 21st. 1887
4. Place of Birth (Street and Number),	1619 Washington St.
5. Full Name of Mother,	Florence Simpson
6. Mother's Maiden Name,	Florence Wooden
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Simpson
9. Father's Occupation,	Laboror
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Batt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	All Well

for each offence, to be recovered as other fines and for

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93308.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 21st 1887
4. *Place of Birth, (Street and Number)* 405 Mulberry St
5. *Full Name of Mother,* Nellie Sparrowk
6. *Mother's Maiden Name,* " Orem
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Bennie Orem
9. *Father's Occupation,* Brushmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 609 Mosher St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 93309.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	February 23rd 1887
4. *Place of Birth (Street and Number),*	509 Dallis St.
5. *Full Name of Mother,*	Sarah Norton
6. *Mother's Maiden Name,*	Sarah Anderson
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Norton
9. *Father's Occupation,*	Labor
10. *Father's Birthplace.*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	N. N. Butt.
Address,	617 S.E. cor Central av. & Monument St.
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 cd.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* February 23 rd 1887
4. *Place of Birth (Street and Number),* S. E cor. Eden St. McEldery Sts
5. *Full Name of Mother,* Larah Amos
6. *Mother's Maiden Name,* Larah Feekers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Amos
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Central av. & Monument St.

Remarks, All Well

MAR 30 1887

BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

Sex (state whether male or female), Male

Race or Color (if not of the white race), White

Date of Birth, February 24th 1887

Place of Birth (Street and Number), 1015 Orline St.

5. Full Name of Mother, Isabell Huhn

6. Mother's Maiden Name, " Gibson

7. Mother's Birthplace, Pensilvainia

8. Full Name of Father, Edw. Huhn

9. Father's Occupation, Laboror

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Centrel av. & Monument St,

Remarks, All Well

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 25 February

4. *Place of Birth (Street and Number),* 6 Bennet St.

5. *Full Name of Mother,* Lizzi Nagel

6. *Mother's Maiden Name,* = Kupke

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Fred. Nagel

9. *Father's Occupation,* Labeln

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss.

Address, 424 Lancaster St.

Remarks,

MAR 26 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93313.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colord

3. *Date of Birth,* Feb 24th

4. *Place of Birth (Street and Number),* 150 plum alley

5. *Full Name of Mother,* Sarah E. Holmes

6. *Mother's Maiden Name,* Sarah E. Holmes

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* — — —

9. *Father's Occupation,* — —

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Angiline Wilson

Address, 314 South Howard St

Remarks,

BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section [illegible] to the [illegible] of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9.3.14.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7 th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30. 1887

4. Place of Birth, (Street and Number) 1231 Herbert St

5. Full Name of Mother, Emma Lang

6. Mother's Maiden Name, Emma Osmond

7. Mother's Birthplace, Maryland

8. Full Name of Father, William Lang

9. Father's Occupation, Patent Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ettele

Address, No 1614 Linden St

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH

93315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY DEPARTMENT OF HEALTH
APR 11 1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
3. Date of Birth,	April 24th 1897
4. Place of Birth, (Street and Number)	702 Hyde's ct S.
5. Full Name of Mother,	Rosa Jelly Fitzpatrick
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Sam'l Jelly
9. Father's Occupation,	Bkr. Smith
Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are.

o., City Printers and Stationers.

Missing #93316 - 93954, incl.

RETURN OF A BIRTH 93955.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Feb 4th 1887
4. Place of Birth, (Street and Number)	1005 N Bond St
5. Full Name of Mother,	Emma Humbi
6. Mother's Maiden Name,	Bogel
7. Mother's Birthplace,	Balto Md
8. Full Name of Father,	Gordon M Humbi
9. Father's Occupation,	cigar Manufacturer
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	M B Billingslea
Address,	1206 E. Preston
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

93956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 17 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 4th 1887

4. Place of Birth, (Street and Number) 1414 Anthony St

5. Full Name of Mother, May Pohler

6. Mother's Maiden Name, Schuster

7. Mother's Birthplace, Belts Md

8. Full Name of Father, Frank Pohler

9. Father's Occupation, wagon driver

Father's Birthplace, Belts Md

Name of Medical Attendant, or other Person who makes this Return. Mr B. Billingslea

Address, 1206 Preston St

Remarks,

...persons who shall hereafter fail to comply with the provisions of this section, shall ... and any such person ... to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 93956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 17 1887 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 4th 1887

4. Place of Birth, (Street and Number) 1414 Anthony St

5. Full Name of Mother, May Pohler

6. Mother's Maiden Name, Schuster

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Frank Pohler

9. Father's Occupation, wagon driver

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. M. B. Billingslea

Address, 1206 Preston St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall ... required, and any such pe... for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

Missing #93957

RETURN OF A BIRTH

93958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* February 22/87
4. *Place of Birth (Street and Number),* 13 S. Exeter St.
5. *Full Name of Mother,* Catherine C. Evans
6. *Mother's Maiden Name,* " " Spence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Evans
9. *Father's Occupation,* Undertaker & Living Stable
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisquith St.

Remarks,

APR 22 1887

[illegible] a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] Publishing Co. City Printers and Stationers

Missing #93959 – #93973 incl.

Missing #93959 – #93973, incl.

RETURN OF A BIRTH. 93974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth* 28 March 1887
4. *Place of Birth, (Street and Number)* No 915 Parrish st
5. *Full Name of Mother,* Fannie Downs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* George Grose
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Anne Arnd Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address, 1121 Saratoga st

Remarks,

BIRTH REPORTS
APR 25 1887
BALTIMORE CITY

...report its birth to the Commissioner of Health, in the manner ... above required, and any such person or persons who shall hereafter fail to comply with the provisions ... subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures ... recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* March 27. 7
4. *Place of Birth (Street and Number),* 656. Saratoga St.
5. *Full Name of Mother,* Anna Kath. Lilli. Rolf
6. *Mother's Maiden Name,* Buermann.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Ernest Rolf.
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Dunker.

Address, 117 N. Schroeder St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baldwin Co., City Printers and Stationers.

RETURN OF A BIRTH 93976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 12-9-53 ~~Caroline~~ Elizabeth Connors

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Mch. 29th 1887

4. Place of Birth (Street and Number), #1309 Madison St

5. Full Name of Mother, Cornelia Connor

6. Mother's Maiden Name, Brasheras

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, George Connor

9. Father's Occupation, Foundry

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1826 E. Monument St

Remarks, 1038 (New Number)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 9-27-55

RETURN OF A BIRTH 93977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marion Frank ~~Steinberger~~ m

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, March 30/87
4. Place of Birth (Street and Number), (old) 8 Jefferson St.
5. Full Name of Mother, Rachel Steinberger
6. Mother's Maiden Name, " Frank.
7. Mother's Birthplace, Bavaria Germany
8. Full Name of Father, Abraham Steinberger
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisey with-se

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE MD 1887

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 93978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 30th day of March 1887
4. *Place of Birth (Street and Number),* No 822 Caroline St
5. *Full Name of Mother,* Mary Laury
6. *Mother's Maiden Name,* Broker
7. *Mother's Birthplace,* Bal
8. *Full Name of Father,* Nathen Laury
9. *Father's Occupation,* Stonecutter
10. *Father's Birthplace,* Bal

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groom

Address, 940 Gay St Bal

Remarks,

APR 16 1887 BALTIMORE CITY

...mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1887
4. Place of Birth, (Street and Number) Cor Penna Ave and George
5. Full Name of Mother, Josephine Ferara
6. Mother's Maiden Name, " Fritita
7. Mother's Birthplace, Italy
8. Full Name of Father, Salvatore Ferara
9. Father's Occupation, Restauranteur
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. L E Neale M D

Address, Cor Monument & Eutaw Sts

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 93980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Mch. 31st 1887
4. *Place of Birth (Street and Number),* #1043 N. Gay St
5. *Full Name of Mother,* Emma Edell.
6. *Mother's Maiden Name,* " Culver
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Geo. Edell.
9. *Father's Occupation,* Clothing Trimmer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT APR 26 1887 BALTIMORE MD

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 93981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 31 March
4. *Place of Birth (Street and Number),* 519 Chaptain St.
5. *Full Name of Mother,* Kunigunda Berner
6. *Mother's Maiden Name,* = Fratz
7. *Mother's Birthplace,* Rügelstein Bavaria
8. *Full Name of Father,* Georg Berner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Gelbsreuth Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 924 Lancaster St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 93982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 31 Marz
4. Place of Birth (Street and Number), 419 Alice Anna St.
5. Full Name of Mother, Friedericke Becker
6. Mother's Maiden Name, = Holtmann
7. Mother's Birthplace, Mecklenburg Germ
8. Full Name of Father, Wilhelm Becker
9. Father's Occupation, Labeln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St

Remarks,

the Commissioner of Health, in the [illegible] provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT, APR 20 1887 BALTIMORE MD

ublishing Co., City Printers and Stationers.

Over

RETURN OF A BIRTH 93983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Vogel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 31 Martz
4. *Place of Birth (Street and Number),* 149 Madaÿra Allee
5. *Full Name of Mother,* Anni Vogel
6. *Mother's Maiden Name,* = Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Vogel
9. *Father's Occupation,* Kann Macher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

Missing #93984 - #93988, incl.

RETURN OF A BIRTH 93989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or ~~female~~)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 1st 87
4. *Place of Birth, (Street and Number)*	416 Scott St
5. *Full Name of Mother,*	Annie M Zimmerman
6. *Mother's Maiden Name,*	Annie M Gosnell
7. *Mother's Birthplace,*	Frederick Co Md
8 *Full Name of Father,*	Wm F. Zimmerman
9. *Father's Occupation,*	Farmer Maker
10. *Father's Birthplace,*	Washington Co Md
Name of Medical Attendant, or other Person who makes this Return.	B F. Phillips M.D.
Address,	732 W Lombard St
Remarks,	

report its birth to the Commissioner of Health, in the
or persons who shall hereafter fail to comply with the pro
for each offence to be recovered as other

Co., City Printers and Stati

RETURN OF A BIRTH. 93990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex. (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth* May 1. 1887

4. *Place of Birth, (Street and Number)* 818 Pierce ste

5. *Full Name of Mother,* Laura Jungholt

6. *Mother's Maiden Name,* L. Schultz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Adolph Jungholt

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie E. Thalwitzer M. D.

Address, 725 Mulberry street

Remarks,

Reports are sent to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH.

93991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 1st 1887
4. Place of Birth, (Street and Number) 624 Mount st
5. Full Name of Mother, Josepha S. Herbert Parker
6. Mother's Maiden Name, Josepha S. Herbert
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank M Parker
9. Father's Occupation, Mail Agent
10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill Md.

Address, 807 Arlington ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH. 93992.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth May 1, 1887.
4. Place of Birth, (Street and Number) No. 1830 Harford ave.
5. Full Name of Mother, Frances Welsh.
6. Mother's Maiden Name, Frances England.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Alexander Welsh.
9. Father's Occupation, Stonecutter.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell M.D.

Address, 1241 Harford ave.

Remarks,

BOARD OF HEALTH DEPARTMENT MAY 2 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and form of the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 93993.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
MAY 4 1886
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 1st
4. Place of Birth, (Street and Number) 44 S. Exeter Str
5. Full Name of Mother, Fanie Lazerovitz Gardman
6. Mother's Maiden Name, " Lazerovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Lazerovitz
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebeca Uatman

Address, 201 Caroline Sts.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH 93994.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th

1. Sex, (state whether male or female) Twin Females

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 07.

4. Place of Birth, (Street and Number) New 5 S. Carrollton Ave.

5. Full Name of Mother, Ida M. Simpson

6. Mother's Maiden Name, Ida M. Almond

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Jesse S. Simpson

9. Father's Occupation, Salesman.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Henry C. Ohle M.D.

Address, New #102 N. Carrollton Ave.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BAILEY DEPARTMENT

o., City Printers and Stationers.

RETURN OF A BIRTH 93995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1 May

4. *Place of Birth, (Street and Number)* No 838 Saratoga st

5. *Full Name of Mother,* Rebecca S Ross

6. *Mother's Maiden Name,* Brandt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James A Ross

9. *Father's Occupation,* Steam Fitter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan White, Mon. Nurse

Address, 838 Saratoga st - Balto. Md

Remarks,

MAY 5 1881 BALTIMORE

for each offense to be recovered as other fines and forf

...o., City Printers and Stationers.

RETURN OF A BIRTH, 93996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth* May 1st 1887
4. *Place of Birth, (Street and Number)* 908 E Biddle St,
5. *Full Name of Mother,* Annie S McKincie
6. *Mother's Maiden Name,* " Kinnear
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John McKincie
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ireland,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, 121 E Balto St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(93997)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 6.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) colard.
3. Date of Birth, May 1
4. Place of Birth, (Street and Number) 821 McDough St
5. Full Name of Mother, Margret Elen Green.
6. Mother's Maiden Name, margeret Elen barnes.
7. Mother's Birthplace, St Marys Co MD.
8. Full Name of Father, Samuel Green.
9. Father's Occupation, Stevidoor.
10. Father's Birthplace, St Marys Co MD.

Name of Medical Attendant, or other Person who makes this Return hemretter Glasicer.

Address, McCalladoy St ex stemed.

Remarks, Geting long as well as can be expected

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 93998.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 7 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. Sex: (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 1st 1887.
4. Place of Birth (Street and Number)	No. 550 McMechen St.
5. Full Name of Mother	Mary E. Taylor.
6. Mother's Maiden Name	King
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Walton Edgar Taylor.
9. Father's Occupation	Merchant.
Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	No. 414 N. Greene St
Remarks	

111

RETURN OF A BIRTH 93999.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday May 1st 1887.
4. Place of Birth, (Street and Number)	6 Fountain Street
5. Full Name of Mother,	Mary Jane Wilson
6. Mother's Maiden Name,	" " Davis
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Joseph Anderson
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return	Emily Holmes
Address,	410 E. Fayette Street,
Remarks,	

PRINTERS AND STATIONERS

RETURN OF A BIRTH 94000.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April May 1st 1887
4. Place of Birth (Street and Number), 105 S Caroline Street
5. Full Name of Mother, Maggie Frosburg
6. Mother's Maiden Name, Raeder
7. Mother's Birthplace, Germany
8. Full Name of Father, C. Frosburg
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Snowden

Address, 1829 E Pratt st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94001.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Negro
3. Date of Birth, May 1st 1887
4. Place of Birth (Street and Number), #909 Linden Ave.
5. Full Name of Mother, Annie Carter
6. Mother's Maiden Name, " Harvey
7. Mother's Birthplace, Boston Mass.
8. Full Name of Father, George Carter
9. Father's Occupation, Waiter
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks, [illegible]

who shall hereafter fail to comply with the provisions of this [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recovered.

HEALTH MAY 10 1887 BALTIMORE, MD.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94002.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	W
3. Date of Birth,	May 1 '20
4. Place of Birth (Street and Number),	old 43 Barnes st
5. Full Name of Mother,	Marie Jeselin
6. Mother's Maiden Name,	Dothard
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	John Jeselin
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barnes st
Remarks,	

BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH. 94093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* N.

3. *Date of Birth* May 6th 1887

4. *Place of Birth, (Street and Number)* Hamilton

5. *Full Name of Mother,* Eliza J. Preston

6. *Mother's Maiden Name,* Eliza Thomas

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John T. Preston

9. *Father's Occupation,* Lawyer

10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other Person who makes this Return. H. E. Chabard Jr

Address, 576 Park Ave

Remarks,

MAY 12 1887 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94004.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 — Twins —

1. *Sex, (state whether male or female)* Males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~Baltimore~~ May 1st 1881
4. *Place of Birth, (Street and Number)* Baltimore 198 Lemon St
5. *Full Name of Mother,* Kate Ganner
6. *Mother's Maiden Name,* Kate Kary
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Pratrik Ganner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mitchell

Address, 112 Callendar Alley

Remarks, Twins boys.

BRANCH DEPARTMENT MAY 17 1881 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 the

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 1st May

4. *Place of Birth (Street and Number),* 21 Port Alley

5. *Full Name of Mother,* Lizzi Winkelmann

6. *Mother's Maiden Name,* = Meyer

7. *Mother's Birthplace,* Wardorf Hannover

8. *Full Name of Father,* Michael Winkelmann

9. *Father's Occupation,* Labeln

10. *Father's Birthplace,* Westpreussen

Name of Medical Attendant, or other person who makes this Return. Mrs L. Weiss

Address, 2524 Lancaster St

Remarks, Twins.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

9/1006.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex* (*state whether male or female*) female
2. *Race or Color* (*if not of the white race*) Colard
3. *Date of Birth* 1 May
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother* Carrie ~~Hutchins~~
6. *Mother's Maiden Name* Carrie Hutchins
7. *Mother's Birthplace* Charleston
8. *Full Name of Father* Charles Wilmer
9. *Father's Occupation* Driveing
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. ~~Dr Hall~~ Henrietta Hutchins

Address 781 George St

Remarks

RETURN OF A BIRTH.

94007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	May 2nd
4. *Place of Birth (Street and Number)*	Hamburg 136
5. *Full Name of Mother*	Emily Baily
6. *Mother's Maiden Name*	..... Smith
7. *Mother's Birthplace*	Eastern Shore Va
8. *Full Name of Father*	Richard Baily
9. *Father's Occupation*	Scourman
10. *Father's Birthplace*	Acomac Va
Name of Medical Attendant, or other Person who makes this Return.	Francis Granby
Address	936 Leadenhall St
Remarks	Doing well

HEALTH DEPARTMENT
MAY 10 1898
BALTIMORE

RETURN OF A BIRTH. 94008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

3. *Date of Birth* May 2. Morning 5.

4. *Place of Birth, (Street and Number)* Eatern ave 931.

5. *Full Name of Mother,* Teresa Hartman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltiman City

8. *Full Name of Father,* Adam Hartman

9. *Father's Occupation,* Ice driver.

Father's Birthplace, Baltiman City

Name of Medical Attendant, or other Person who makes this Return. Cristian Schumann

Address, 1436 Canton Ave.

Remarks,

HEALTH MAY 5 1881 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this Return, subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94009.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	2 Mai 1
4. *Place of Birth (Street and Number),*	445 Druid Hill Av.
5. *Full Name of Mother,*	Theres Brehsler
6. *Mother's Maiden Name,*	Theres Hochholzer
7. *Mother's Birthplace,*	Pressath Bayern
8. *Full Name of Father,*	Friedrich Brehsler
9. *Father's Occupation,*	Schuhmacher
10. *Father's Birthplace,*	Hezingen Wirttemberg
Name of Medical Attendant, or other person who makes this Return.	Mrs. Schuler.
Address,	217 Schroeder St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RECEIVED BALTIMORE MAY 31 1894

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, May 2 1887

4. Place of Birth, (Street and Number) 1913 Horn St

5. Full Name of Mother, Marthia Mcgruter

6. Mother's Maiden Name, Marthia Griffin

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, John Mcgruter

9. Father's Occupation, Labor

10. Father's Birthplace, Talbot Co

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woolford

Address, 130 Register St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT MAY 1887

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94011.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore May 2
4. Place of Birth, (Street and Number) No 24 Bryan St
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Copley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Miller
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mitchell

Address, B 112 Calender Alley

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 9402.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BUREAU OF VITAL STATISTICS DEPARTMENT OF HEALTH BALTIMORE MAY 8 1917

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) B.
4. Date of Birth, May 2nd 1917.
5. Place of Birth, (Street and Number) 3133 Philip Road.
6. Full Name of Mother, Emily Johnson
7. Mother's Maiden Name, Emily Diggs
8. Mother's Birthplace, Md.
9. Full Name of Father, Perry Johnson.
10. Father's Occupation, Laborer.
11. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Samuel Pretlow

Address, 226 Bradford alley

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94013.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 2nd of May

4. *Place of Birth (Street and Number),* 1114 E. Pratt St.

5. *Full Name of Mother,* Mary Stuart

6. *Mother's Maiden Name,* " Frances

7. *Mother's Birthplace,* America

8. *Full Name of Father,* George W. Stuart

9. *Father's Occupation,* Book-binder

10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard St.

Remarks, Eight month's old child, born 6 o'clock in morning and died 10 o'clock at morning.

MAY 3 1897

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 2 of May 1887
4. *Place of Birth (Street and Number),* No 924 Preston Street
5. *Full Name of Mother,* Mollie Dinkenhardt
6. *Mother's Maiden Name,* Mollie Gray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Dinkenhardt
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md City 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94015)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	second of 1887
4. *Place of Birth, (Street and Number)*	Lyson st 724
5. *Full Name of Mother,*	alice smith
6. *Mother's Maiden Name,*	alice Banks
7. *Mother's Birthplace,*	Havedegrass
8. *Full Name of Father,*	Allsandria Smith
9. *Father's Occupation,*	Sailor
Father's Birthplace,	Talbert County Md
Name of Medical Attendant, or other Person who makes this Return	Dr Lydia somerville
Address,	13 Clinton avenue
Remarks,	

within the period above required, except in the case of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-1-89

RETURN OF A BIRTH.

94016.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 7 1887
BALTIMORE, MD.

Name: Robert Henderson Pfeil

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 2d May

4. Place of Birth (Street and Number) 1325 Myrtle Ave

5. Full Name of Mother Ella H Pfeil

6. Mother's Maiden Name Henderson

7. Mother's Birthplace Balto City

8. Full Name of Father Henry Pfeil Jr.

9. Father's Occupation Manufacturer

Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. H. W. Owings

Address 1319 Madison Ave

Remarks

RETURN OF A BIRTH 9401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* African (Black)

3. *Date of Birth,* May 2nd 1887

4. *Place of Birth (Street and Number),* 815 Whatcoat St.

5. *Full Name of Mother,* Nellie Nelson

6. *Mother's Maiden Name,* Nellie Lewis

7. *Mother's Birthplace,* Talbott Co. Md.

8. *Full Name of Father,* Kalek Nelson

9. *Father's Occupation,* Laborer

Father's Birthplace, Talbott Co. Md.

Name of Medical Attendant, or other person who makes this Return. Marshall G. Smith M.D.

Address, 1705 Penna. Ave.

Remarks,

BUREAU OF VITAL STATISTICS
MAY 7 1887
BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 2 1887

4. Place of Birth, (Street and Number) 1613 Broadway Court

5. Full Name of Mother, Julian Carter

6. Mother's Maiden Name, Julian Edwards

7. Mother's Birthplace, Annurandel County

8. Full Name of Father, William Carter

9. Father's Occupation, Laborer

10. Father's Birthplace, Annurandel County

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, 1047 N Durham St

Remarks,

..., City Printers and Stationers.

RETURN OF A BIRTH 94019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alice Berryman

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 2nd 1887

4. *Place of Birth, (Street and Number)* Chestnutt St No 326 New No.

5. *Full Name of Mother,* Alice Brown

6. *Mother's Maiden Name,* Alice Beryman

7. *Mother's Birthplace,* Kent County Md.

8. *Full Name of Father,* Thomas Brown.

9. *Father's Occupation,* Stevedore

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Darkey Jowlin

Address, New No. 311 Chestnutt St

Remarks,

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

RETURN OF A BIRTH 94020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 3th Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collart
3. *Date of Birth,* 2 Cibay
4. *Place of Birth, (Street and Number)* 2 Barsaly
5. *Full Name of Mother,* ~~no 2 Barsaly~~ mary Thomas
6. *Mother's Maiden Name,* mary Cornish
7. *Mother's Birthplace,* Taylorislant Dor. Co. mt.
8. *Full Name of Father,* Jeff Thomas
9. *Father's Occupation,* labering man
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. willy gross 229 yorkst

Address,

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MAY 10 1897

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 8 May

4. *Place of Birth (Street and Number),* 1508 Pennsylvania ave

5. *Full Name of Mother,* Minnie Euhler

6. *Mother's Maiden Name,* " Weekly

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Christian Euhler

9. *Father's Occupation,* Liquor Dealer

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbrich

Address, " 48 Holland st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94022.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 9 1857
4. *Place of Birth (Street and Number),* 410 Plat foot alley
5. *Full Name of Mother,* Mary Fucha
6. *Mother's Maiden Name,* Mary Kula
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Fucha
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kuftish

Address, 205 N Washington st

Remarks,

BALTIMORE

Who shall hereafter fail to comply with this Return, for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, May 3/83

4. Place of Birth (Street and Number), 1005 Roberg St

5. Full Name of Mother, Isabella Moore

6. Mother's Maiden Name, Isabella Hall

7. Mother's Birthplace, Md.

8. Full Name of Father, William Moore

9. Father's Occupation, Driver

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address, Midwife

Remarks,

BIRTH DEPARTMENT MAY 10 1883 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, May 3/87

Place of Birth (Street and Number), 1170 Raborg St

Full Name of Mother, Isabella Wilson

6. Mother's Maiden Name, Isabella Wilson

Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Wilson

9. Father's Occupation, Driver

Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address, 16 Bruce St

Remarks,

HEALTH DEPARTMENT MAY 18 1887 BALTIMORE

for each ... as other fin... and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

Missing #94025

RETURN OF A BIRTH 94026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

Race or Color (if not of the white race), White

Date of Birth, 4 May 1887

Place of Birth (Street and Number), 2845 Fayette St

Full Name of Mother, Florence Gross

6. Mother's Maiden Name, Florence Mengel

7. Mother's Birthplace, Germany

8. Full Name of Father, William Gross

9. Father's Occupation, Tailor "

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 265 Washington St

Remarks,

OFFICE OF BIRTHS MAY 9 1887 BALTIMORE CITY

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 4. 1887 6. P.M
4. Place of Birth, (Street and Number) Temporary 2023 Arlington ave.
5. Full Name of Mother, Tallie Miller
6. Mother's Maiden Name, Tallie Bowers
7. Mother's Birthplace, Lancaster P. a
8. Full Name of Father, John Miller
9. Father's Occupation, Farmer.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M D

Address, 1136 Lexington

Remarks,

HEALTH DEPARTMENT ... BALTIMORE

Report to birth is the Commissioner of Health, in the manner and the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94028.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, May 4th

Place of Birth, (Street and Number) Baltimore Md Castel St No. 120

Full Name of Mother, Heneter Hall

Mother's Maiden Name, Heneter Hudson

Mother's Birthplace, Deleware

Full Name of Father, Modica Hall

Father's Occupation, Coal yard labor

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Marry Daurgitty

Address, No. 2006 Bohemia Court

Remarks, Well & Healthy

HEALTH DEPARTMENT, MAY 1 1897

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeits are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 94029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 4 May 1887
4. Place of Birth (Street and Number), 205 N Washington St
5. Full Name of Mother, Michael Cuben
6. Mother's Maiden Name, May Cuben
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Michael Cubin
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 205 N Washington St

Remarks,

MAY 9 1887
BALTIMORE, MD.

Who shall hereafter fail to comply with the [illegible] of this section shall [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] forfeitures are recoverable.

Lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 May 1887
4. Place of Birth, (Street and Number) W Pratt St 213
5. Full Name of Mother, Ottilie Ahrens
6. Mother's Maiden Name, Ottilie Koethe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius E. C. Ahrens
9. Father's Occupation, Baker
10. Father's Birthplace, Delmenhorst Oldenburg

Name of Medical Attendant, or other Person who makes this Return. L F Reinhard

Address,

Remarks,

HEALTH DEPARTMENT, MAY 16 1901 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 94031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 4th May

4. Place of Birth (Street and Number), 4 Concord st

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, ——

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st

Remarks,

who shall hereafter fail to comply with the provisions of this Return, or be subjected to the fine of [illegible] for each offence, to be recovered as other fines and [illegible]

REALTY MAY 18 1904 BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94032.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stephen Benedict — 4th Watson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth May 4th 1887

4. Place of Birth, (Street and Number) Old No 95 North St.

5. Full Name of Mother, Sobilla Watson,

6. Mother's Maiden Name, N. Siegenfuss,

7. Mother's Birthplace, N. J.

8. Full Name of Father, Stephen B. Watson,

9. Father's Occupation, Carpenter,

10. Father's Birthplace, Penna

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N. Calvert St.

Remarks, GIVEN NAME ADDED 5-21-54

[illegible]

REGISTRAR MAY 11 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race),

3. Date of Birth, May 4 1887.

4. Place of Birth (Street and Number), 1295 William st.

5. Full Name of Mother, Mary Kuntze.

6. Mother's Maiden Name, Dietzel.

7. Mother's Birthplace, America.

8. Full Name of Father, Fred Kuntze

9. Father's Occupation, Barber.

Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st.

Remarks,

BALTIMORE MD. MAY 11 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 4 of May

4. Place of Birth (Street and Number), 1736 Gough St

5. Full Name of Mother, Lurenne Keen

6. Mother's Maiden Name, = Brooks

7. Mother's Birthplace, Balt.

8. Full Name of Father, Jesse Keen

9. Father's Occupation, Karpenter

Father's Birthplace, Philadelpia

Name of Medical Attendant, or other person who makes this Return. Mrs. G. Weiss

Address, 2524 Lancaster St

Remarks, Canton

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAY 17 1904 BALTIMORE CO.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 1889 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 4th 1889

4. Place of Birth, (Street and Number) 420 Mulberry St (123 Old No

5. Full Name of Mother, Ann Country Pool

6. Mother's Maiden Name, Ann Country

7. Mother's Birthplace, Balto

8. Full Name of Father, Redd Pool

9. Father's Occupation, Clerk & Salesman

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. C B Gamble M D

Address, 925 Cathedral

Remarks, Instructed

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94036.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 4th 1887

4. Place of Birth, (Street and Number) 2008 E. Jefferson st

5. Full Name of Mother, Jennie Armstrong

6. Mother's Maiden Name, " Kennard

7. Mother's Birthplace, Balto. md

8. Full Name of Father, J. F. Armstrong

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto. md

Name of Medical Attendant, or other Person who makes this Return P. S. Dauschow

Address. 1727 E. Balto. st

Remarks.

MAY 5 1887 BALTIMORE MD

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* May 4/87
4. *Place of Birth, (Street and Number)* 308 S. Bethel
5. *Full Name of Mother,* Elizabeth Moore
6. *Mother's Maiden Name,* " Griffin
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Alex. A. Moore
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St. Michael's Md

Name of Medical Attendant, or other Person who makes this Return. G. S. Wiss Vice

Address, 226 S. Bdy

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

94038.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female.

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth* May 4th 1887

4. *Place of Birth, (Street and Number)* Gay near Exeter St.

5. *Full Name of Mother,* Rebecca Goldsmith.

6. *Mother's Maiden Name,* Rebecca Wurtzburger.

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Joseph Goldsmith.

9. *Father's Occupation,* Clothier

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. W. Chamberlain M.D.

Address, 309 N Exeter St.

Remarks, "

BEALTO MAY 18 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, 5th May

4. Place of Birth (Street and Number), 17 Corner Thomas & Young

5. Full Name of Mother, Mary Larkins

6. Mother's Maiden Name, Rashford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Larkins

9. Father's Occupation, Store Keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

who shall hereafter fail to comply with the provisions of this Act, and shall be subject for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 5 May 1887 "
4. Place of Birth (Street and Number), 534 N Chapple St
5. Full Name of Mother, Tena Teha
6. Mother's Maiden Name, Tena Watzek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joe Watzek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 265 N ~~White~~ Washington St

Remarks,

MAY 9 1887

BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1887
4. Place of Birth, (Street and Number) No 1003 Abey Alley
5. Full Name of Mother, Laura Harrison
6. Mother's Maiden Name, Laura Poyner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Poyner
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrina Hornung

Address, No 1517 Byrd st

Remarks,

MAY 9 1887

for each offense to be recovered as other fines and forfeitures

City Printers and Stationers

RETURN OF A BIRTH 94042.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5 May 1884
4. *Place of Birth (Street and Number),* 2003 Orleans St
5. *Full Name of Mother,* Therisa Thos
6. *Mother's Maiden Name,* Therisa Thos
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Thos
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry Koptish

Address, 205 N Washington St

Remarks,

BALTIMORE

who shall hereafter fail to comply with the provisions of this Return, for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 188
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5 1887
4. Place of Birth, (Street and Number) Lamart St Cado
5. Full Name of Mother, Margt Foster
6. Mother's Maiden Name, Margt Quenday
7. Mother's Birthplace, Dorchester County
8. Full Name of Father, John Thomas Foster
9. Father's Occupation, Laborer
10. Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Dorh John Wilson

Address, Mephis Sirtsill

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Withe
3. Date of Birth, 5 Maja
4. Place of Birth, (Street and Number) 1816 Alice Ann Strt
5. Full Name of Mother, Antonja Kaczmarska
6. Mother's Maiden Name, Czerskie
7. Mother's Birthplace, Gnezen Germanja
8. Full Name of Father, Johan Czerskie
9. Father's Occupation, — — — —
10. Father's Birthplace, Pozen — —

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address, 728 S: Wolfe Street.

Remarks, St Alphonsus Limit: Maj 5 the 87
Felix Brzeskowski 1732 Adrianne St

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 9404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* May 5 1857
4. *Place of Birth (Street and Number),* 211 N Washington
5. *Full Name of Mother,* Sophia Gitner
6. *Mother's Maiden Name,* Sophia Gitner
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jacob Gitner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kefferle

Address, 205 N Washington st

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 91046.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	may 5th 1897
4. Place of Birth (Street and Number),	1438 morton Alley
5. Full Name of Mother,	Henriette Rokes
6. Mother's Maiden Name,	Henriette Somers
7. Mother's Birthplace,	Royal Oak Talbott Co. md
8. Full Name of Father,	moses Rokes
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Tacoppe Talbott Co. md
Name of Medical Attendant, or other person who makes this Return.	Hester Valence
Address,	434 W monument st
Remarks,	

MAY 10 1897 BALTIMORE

who shall hereafter fail to comply with the provisions of shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5th
4. Place of Birth, (Street and Number) 109 Leadenhall St
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Mary Coleman
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Johnson
9. Father's Occupation, Porter
10. Father's Birthplace, Brooklyne A A Co. Md

Name of Medical Attendant, or other Person who makes this Return. Margret Grey

Address. 116 York Street

Remarks,

MAY 11 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 94048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 5, 1887
4. *Place of Birth, (Street and Number)* 620 N. Chapel St.
5. *Full Name of Mother,* Eva Fetch
6. *Mother's Maiden Name,* Schman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Samuel Fetch
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

MAY 12 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the ... for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 5 1880
4. Place of Birth (Street and Number), 1053 Charles st.
5. Full Name of Mother, Lizzie Krausz
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, America
8. Full Name of Father, Henry Krausz
9. Father's Occupation, Coal dealer
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st

Remarks,

MAY 11 1880 BALTIMORE

who shall hereafter fail to comply with the provisions of this [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94050.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth May 5th 87

4. Place of Birth (Street and Number) 850 S. Paca

5. Full Name of Mother Maggie Sachse

6. Mother's Maiden Name Browning

7. Mother's Birthplace Mtg

8. Full Name of Father Geo. Sachse Sachse

9. Father's Occupation Paint - dealer

10. Father's Birthplace Mtg

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 1525 S. Baltimore

Remarks

"

HEALTH DEPARTMENT, MAY 23 1887 BALTIMORE MD.

[illegible] of the parents, and the maiden name of the mother of the child or children

RETURN OF A BIRTH 94051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), The White
3. Date of Birth, The 6 of May 1889
4. Place of Birth (Street and Number), No 1162 Low St
5. Full Name of Mother, Matilda Fladung
6. Mother's Maiden Name, Matilda Mantago
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Fladung
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1057 Hanford Ave

Remarks, Bal Md

1889

MAY 9 1889

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94052)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th 1887
4. Place of Birth, (Street and Number) 356. E. Fayette St.
5. Full Name of Mother, Delia Webster
6. Mother's Maiden Name, Delia Johnson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Andrew J. Webster
9. Father's Occupation, Police Officer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return P. V. Hoofenaud M.D.

Address, 1812. E. Baltimore St.

Remarks,

MAY 9 1887 BALTIMORE CITY

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

94053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 87
4. Place of Birth (Street and Number)	810 N. Fremont Ave.
5. Full Name of Mother	Mary E. Siemon
6. Mother's Maiden Name	Mary E. Hitzel
7. Mother's Birthplace	Balto.
8. Full Name of Father	William F. Siemon
9. Father's Occupation	Bookkeeper
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	DE Lancey H Barclay M.D.
Address	108 W. Conway St.
Remarks	

MAY 23 1887

RETURN OF A BIRTH 94054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 23 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 6th 1887
4. Place of Birth, (Street and Number)	217 Hughs St
5. Full Name of Mother,	Anna Ozman
6. Mother's Maiden Name,	Anna North
7. Mother's Birthplace,	Dorchester, Co, Md
8. Full Name of Father,	Henry Ozman
9. Father's Occupation,	Marine
10. Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M. D
Address,	301 Warren av
Remarks,	

for each offense to be recovered as other fines and forfeitures are

City Printers and Stationers.

RETURN OF A BIRTH 94055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	May 6, 1887
4. *Place of Birth (Street and Number),*	2929 Hudson st.
5. *Full Name of Mother,*	Mary Douglas
6. *Mother's Maiden Name,*	Mary Simms
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Douglas
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guibing Co., City Printers and Stationers.

RETURN OF A BIRTH 9406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 6, 1887
4. Place of Birth (Street and Number),	1061 ½ Chesapeake St.
5. Full Name of Mother,	Laura Benton
Mother's Maiden Name,	Laura Neil
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Benton
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Hubley Co., City Printers and Stationers.

RETURN OF A BIRTH 94057.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, MAY 7 188 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Malaho
3. *Date of Birth,* May 6th 1889
4. *Place of Birth, (Street and Number)* 154 Tyson
5. *Full Name of Mother,* Rosa - [illegible]
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* — unknown
8. *Full Name of Father,* "
9. *Father's Occupation,* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. C. B. Gamble M.D.

Address, 925 Cathedral

Remarks, Instrumental [illegible] ~~[illegible]~~ [illegible]

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

GIVEN NAME ADDED 10-14-55

RETURN OF A BIRTH 94058.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Machovec

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), W

3. Date of Birth, Miller st old. no. 16

4. Place of Birth (Street and Number), May 6th - 1887

5. Full Name of Mother, Francisca Machovec

6. Mother's Maiden Name, " " Stepanek

7. Mother's Birthplace, " Bohemia

8. Full Name of Father, Frank Machovec

9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

REGISTERED DEPARTMENT MAY 10 1887 BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94059.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* May 6th 1887
4. *Place of Birth (Street and Number),* No 17 Randell St
5. *Full Name of Mother,* Josephine Kramer
6. *Mother's Maiden Name,* Josephine Steinmetz
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* George Kramer
9. *Father's Occupation,* Engineer on B & O.R.R.
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1644 South Charles St

Remarks,

MAY 9 1887 BALTIMORE

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren den 6ten May
4. Place of Birth, (Street and Number) No 1607 Langenäster Str
5. Full Name of Mother, Fibe Lempe
6. Mother's Maiden Name, Fibe Waltes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Lempe
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallas Str

Remarks, Hebamme

BOARD OF HEALTH
MAY 9 1893
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94061.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female

Race or Color (if not of the white race), White

3. *Date of Birth,* May 6th 1887

4. *Place of Birth (Street and Number),* 708. Ramsay st rear

5. *Full Name of Mother,* Justa Herman

6. *Mother's Maiden Name,* " Lang

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Julius Herman

9. *Father's Occupation,* Hack Driver

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Hildegunda Schliffer

Address, 529 Columbia Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

ART

RETURN OF A BIRTH 91062.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Webster Crowl Thompson

HEALTH DEPARTMENT
MAY
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male,
2. *Race or Color, (if not of the white race)*	White,
3. *Date of Birth,*	May 6th 1887.
4. *Place of Birth, (Street and Number)*	1718 Barclay St
5. *Full Name of Mother,*	Mary White,
6. *Mother's Maiden Name,*	" Thompson
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	P Edward Thompson
9. *Father's Occupation,*	Contractor
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell M D
Address,	1 N Broadway
Remarks,	GIVEN NAME ADDED, 12-6-51

NTER & STATIONER, BALT.

RETURN OF A BIRTH 94063.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colloard
3. *Date of Birth,* May - 6 - 1887
4. *Place of Birth (Street and Number),* No 904 Little Nine St
5. *Full Name of Mother,* Laura Patterson
6. *Mother's Maiden Name,* Laura Bush
7. *Mother's Birthplace,* St Marys County Md.
8. *Full Name of Father,* John [redacted] Patterson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Marian Hudson

Address, No 5037 Walnut Alley

Remarks,

MAY 6 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9064.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether male or~~ female)*

2. *Race or Color, (~~if not~~ of the white race)*

3. *Date of Birth.* 5. 6. 87. May

4. *Place of Birth, (Street and Number)* 107 N. Amity St.

5. *Full Name of Mother,* Maggie L. Norris,

6. *Mother's Maiden Name,* Taylor

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* James B. Norris

9. *Father's Occupation,* Ex bricklayer -

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Louis McGuinness

Address, 772 East

Remarks. Natural

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like fine and forfeiture for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. May 6th 1887
4. Place of Birth, (Street and Number) Baltimore 1020 W. Pratt.
5. Full Name of Mother, Mary Flinn
6. Mother's Maiden Name, Mary Kelly.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Kelly.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mitchell

Address, 112 Callendar Alley

Remarks,

HEALTH DEPARTMENT MAY 17 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 94066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2°

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) M
3. Date of Birth May. 6th 1887
4. Place of Birth, (Street and Number) 47 Bolton
5. Full Name of Mother, Margt Hardy Randall
6. Mother's Maiden Name, Margt Hardy
7. Mother's Birthplace, Howard County
8. Full Name of Father, John Randall
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park Ave

Remarks,

BRIGHT DEPARTMENT MARYLAND BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94067.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 7th 1887
4. Place of Birth (Street and Number), 106 N Chester St
5. Full Name of Mother, Eva Balster
6. Mother's Maiden Name, Ritter Busch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Balster
9. Father's Occupation, Commission Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Knowles

Address, 1829 E Pratt St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

91068.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12
2. Sex (state whether Male or Female) male
3. Race or Color (if not of the white race) White
4. Date of Birth May 12 87
5. Place of Birth (Street and Number) 211 N. Wolfe
6. Full Name of Mother Augusta Dunker
7. Mother's Maiden Name Rauch
8. Mother's Birthplace Bltd
9. Full Name of Father Frederick Dunker
10. Father's Occupation box-maker
11. Father's Birthplace Bltd

Name of Medical Attendant, or other Person who makes this Return. F. Matthias M.D

Address 1523 E. Fulton ave

Remarks

of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH 94069.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 7

4. *Place of Birth, (Street and Number)* 1221 Shilds alley

5. *Full Name of Mother,* Julia Pawlis Graham

6. *Mother's Maiden Name,* Price

7. *Mother's Birthplace,* Fred K Calvert Co Md.

8. *Full Name of Father,* Solomon Pawlis

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Prince Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return — A Gray Smith

Address, 407 N Greene St.

Remarks,

BALTIMORE HEALTH DEPARTMENT

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (9407)

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* May 7. 1887.

4. *Place of Birth, (Street and Number)* 635 N. Dallas Ave,

5. *Full Name of Mother,* Isabel Stebbins,

6. *Mother's Maiden Name,* Stevens,

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Henry C. Stebbins

9. *Father's Occupation,* Plumbing &c,

10. *Father's Birthplace,* Balto. Co.,

Name of Medical Attendant, or other Person who makes this Return E. F. Bate M.D.

Address, 1007 Eutaw

Remarks,

any person or persons who shall hereafter fail to a fine of ten dollars for each offence, to be

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	Colored
Date of Birth,	May 7, 07
Place of Birth, (Street and Number)	284 Woodyear st
5. *Full Name of Mother,*	Annie Roberson
6. *Mother's Maiden Name,*	A Baker
Mother's Birthplace,	Colbert Co Md
8. *Full Name of Father,*	William Roberson
9. *Father's Occupation,*	Laborer
Father's Birthplace,	Colbert Co Md
Name of Medical Attendant, or other Person who makes this Return.	Charlot Proctor
Address,	511 Carlton st
Remarks,	

RECEIVED DEC 21 1907

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

Race or Color (if not of the white race), White

3. *Date of Birth,* 7 May 1867

4. *Place of Birth (Street and Number),* 421 Dallas St

5. *Full Name of Mother,* Hannah Herald

6. *Mother's Maiden Name,* Hannah Herald

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Andrew Herald

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry Kapteck

Address, 205 N Washington St

Remarks,

for each offence, to be recovered as other fines and

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 7 1887.

4. Place of Birth (Street and Number), 33 Lee st.

5. Full Name of Mother, Anna Otter

6. Mother's Maiden Name, Figensche

7. Mother's Birthplace, America

8. Full Name of Father, August Otter

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Collored
3. *Date of Birth,* May 7 th
4. *Place of Birth (Street and Number),* Balto City 5-5-4 opposite street
5. *Full Name of Mother,* Ella Jones
6. *Mother's Maiden Name,* Ella Butler
7. *Mother's Birthplace,* Bendict charles County Md
8. *Full Name of Father,* Thomas Thenry Jones
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Nancy Butler

Address, 5-13 Cross St

Remarks,

HEALTH DEPARTMENT, MAY 7 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), White
3. Date of Birth, 7th of May 1887
4. Place of Birth (Street and Number), 21 Philadelphia Road
5. Full Name of Mother, Mary L Bonn
6. Mother's Maiden Name, Mary L Schubert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerome Charles Schubert
9. Father's Occupation, Black-schmitt
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St, per Justina Kunkel

Remarks, Healthy.

MAY 9 1887 BALTIMORE

the Commissioner of Health, in the manner and within the period [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	7th May
4. Place of Birth (Street and Number),	24th N. High st.
5. Full Name of Mother,	Maggie Katie Schmuck
6. Mother's Maiden Name,	Selauer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Schmuck
9. Father's Occupation,	Slater
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 16 BALTIMORE

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94077.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 7 May 1887
4. *Place of Birth (Street and Number),* 223 N Bethel st
5. *Full Name of Mother,* Anna Rizek
6. *Mother's Maiden Name,* Anna Hajek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Hajek
9. *Father's Occupation,* Dressmaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kytish

Address, 715 N Washington

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

bling Co., City Printers and Stationers

RETURN OF A BIRTH 94078.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 7 May 857
4. *Place of Birth (Street and Number),* 2344 N Broke St
5. *Full Name of Mother,* Johanna Kunath
6. *Mother's Maiden Name,* Johanna Yungtin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Pius Yungtin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptick

Address, 205 N Washington St

Remarks,

Penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether male or female), Female [redacted]
2. Race or Color (if not of the white race), White
3. Date of Birth, 8 Day of May
4. Place of Birth (Street and Number), 509 Dolphin St
5. Full Name of Mother, Mrs. Lizzie Stonesifer
6. Mother's Maiden Name, Lizzie Wicks ~~Baltimore~~ Md
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry Morrison Stonesifer
9. Father's Occupation, Driver
10. Father's Birthplace, Corrool county Md

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Dumler

Remarks, 217 North Schroeder St.

BALTIMORE MD.

Who shall Forearm fail to comply with the provisions of this Return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 8 May 1887
4. *Place of Birth (Street and Number),* 9000 Chapple St
5. *Full Name of Mother,* Lena Ritter
6. *Mother's Maiden Name,* Lena Ritter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jos Ritter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 205 N Washington

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 94081.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Mail

Race or Color (if not of the white race), White

Date of Birth, 8 of May

Place of Birth (Street and Number), 311 S Chapple st

Full Name of Mother, ~~Annie German~~

Mother's Maiden Name, Annie German

Mother's Birthplace, Baltimore

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, 611 Patterson Park Av.

Remarks, Deaf Dumb Girl dont know father

HEALTH DEPARTMENT MAY 24 1907 BALTIMORE CO.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94082.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
Sex, (state whether male or female),	Girl
Race or Color (if not of the white race),	White
3. Date of Birth,	8th of May 1887
4. Place of Birth (Street and Number),	2222 East Fayette Street
5. Full Name of Mother,	Caroline Deitz
6. Mother's Maiden Name,	Caroline Schultz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Schultz
9. Father's Occupation,	Hack Driver
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 8 May 1881
4. Place of Birth (Street and Number), 205 N Washington St
5. Full Name of Mother, Sophia Stefan
6. Mother's Maiden Name, Sophia Luchek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Andrew Stefan
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koftish

Address, 205 N Washington St

Remarks,

...ishing Co., City Printers and Stationers

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th 4-25 A.M. 1887

4. Place of Birth, (Street and Number) 1009 N. Lombard St.

5. Full Name of Mother, Sarah Ford

6. Mother's Maiden Name, Kilpatrick

7. Mother's Birthplace, Balto. Co. Md.

8. Full Name of Father, John Ford

9. Father's Occupation, Hostler

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. H. Webner M.D.

Address, 814 N. Lombard St.

Remarks,

MAY 9 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH 94085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 8th May 1887
4. *Place of Birth (Street and Number),* 15 Washington st
5. *Full Name of Mother,* Kate Gill
6. *Mother's Maiden Name,* Kate Ben
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christ Ben
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, 109 Washington st

Remarks,

MAY 9 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH.

94086.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 19 1900
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 8th 8
4. Place of Birth (Street and Number)	305 N Greene St
5. Full Name of Mother	Susan W. Kemp
6. Mother's Maiden Name	Metcalfe
7. Mother's Birthplace	Georgia
8. Full Name of Father	W. F. A Kemp
9. Father's Occupation	Physician
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. F. A Kemp
Address	305 N Greene St
Remarks	

RETURN OF A BIRTH 94087.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8d 1887
4. Place of Birth, (Street and Number) 219 E Ft avenue
5. Full Name of Mother, Emma, L. Skilman
6. Mother's Maiden Name, Emma, L. Wright
7. Mother's Birthplace, Md
8. Full Name of Father, John, R, Skilman
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble M D

Address, 301 Warren av

Remarks,

MAY 23 1887

for each offense to be recovered as other fines and forfeitures

City Printers and Stationers

RETURN OF A BIRTH 94088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 5th

Sex, (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* May 8. 1887

4. *Place of Birth,* (*Street and Number*) 141 McCulloh St.

5. *Full Name of Mother,* Caroline Goldsborough

6. *Mother's Maiden Name,* " McManus

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Henry P Goldsborough

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Kent County Maryland

Name of Medical Attendant, or other Person who makes this Return. Warbury Brewer MD

Address, 1031 McCulloh Street

Remarks,

for each offense to be recovered as other fines.

..., City Printers and Stationers.

RETURN OF A BIRTH 94089.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race)
4. Date of Birth, May 8
5. Place of Birth, (Street and Number) 1811 W. Pratt St.
6. Full Name of Mother, Barbara S. Kraft
7. Mother's Maiden Name, Barbara Siebold
8. Mother's Birthplace, Hagenbach Ger.
9. Full Name of Father, Michael Kraft
10. Father's Occupation, Brewer
11. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M.D.

Address, 1027 Madison Ave

Remarks,

BALTIMORE CITY BOARD OF HEALTH

RETURN OF A BIRTH 94090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th 1887

4. Place of Birth, (Street and Number) 105 So High St

5. Full Name of Mother, Louisa S Bohne

6. Mother's Maiden Name, Louisa S Pfennig

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Bohne

9. Father's Occupation, Tailor

Father's Birthplace, Elben Kurhessen Germany

Name of Medical Attendant, or other Person who makes this Return. J. F. Lang M.D.

Address, 105 So High St

Remarks,

HEALTH DEPARTMENT MAY 11 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 8 of May 1887

4. Place of Birth (Street and Number), No 944 Ringwood St

5. Full Name of Mother, Mary Pepersack

6. Mother's Maiden Name, Mary Schafer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Pepersack

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lauer

Address, No 1059 Fairfield Ave

Remarks, Bal Ont

1887

MAY 9 1887

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 8th 1884
4. *Place of Birth (Street and Number),* 524 Cross St.
5. *Full Name of Mother,* Emma & Cooley
6. *Mother's Maiden Name,* " Fury
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bart & Cooley
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address; 518 Pomona St. for L.B.

Remarks,

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 10 (94093.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* May th 8 = 1887
4. *Place of Birth, (Street and Number)* No 144 Chappel st
5. *Full Name of Mother,* Mary E Powel
6. *Mother's Maiden Name,* Barnes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Powel
9. *Father's Occupation,* Teamters
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return Sarah T Harington

Address, No 438 Canton ave

Remarks,

within the period above required, exists in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 8th 1887

Place of Birth, (Street and Number) 203 Home Street

Full Name of Mother, Mary Ann Johns

Mother's Maiden Name, M. A. Jones

Mother's Birthplace, Philadelphia

Full Name of Father, Thomas Johns

Father's Occupation, Copper Roller

Father's Birthplace, Wales

Name of Medical Attendant, or other Person who makes this Return, James E Devinette M.D.

Address, 1701 E Baltimore St.

Remarks,

MAY 11 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 9th 1887
4. *Place of Birth (Street and Number),* No 732 Wearche
5. *Full Name of Mother,* Ellen Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* West River A.A. Co Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

HEALTH DEPARTMENT MAY 12 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeiture

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9409b

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 9. 1887
5. *Place of Birth, (Street and Number)* No 226 hamburg st
6. *Full Name of Mother* ida Tyler
7. *Mother's Maiden Name,* ida Corden
8. *Mother's Birthplace,* Dorchester County
9. *Full Name of Father,* Levin Tyler
10. *Father's Occupation,* Labourer
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 905 Light street

Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH 94097

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Neva Elizabeth Jane Ott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 9 1887
4. Place of Birth, (Street and Number)	greens court No 20
5. Full Name of Mother	Mary Ott
6. Mother's Maiden Name,	Mary Bagly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Christain Ott
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Baltimore M D
Name of Medical Attendant, or other Person who makes this Return	Mary E Anderson
Address,	No 905 Light Street
Remarks,	NAME ADDED. 8-18-53 A. M.

BALTIMORE CITY BOARD OF HEALTH RECEIVED MAY 13 1887

...TERS AND STATIONERS

RETURN OF A BIRTH 94098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), female

Race or Color (if not of the white race), Collord

3. *Date of Birth,* May -9- 1887

4. *Place of Birth (Street and Number),* 1831- Dover St

5. *Full Name of Mother,* Luby Henson

Mother's Maiden Name, Luby Oliver

7. *Mother's Birthplace,* Ellicot mills

8. *Full Name of Father,* Jabob Henson

9. *Father's Occupation,* Laborer

Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mariann Hudson

Address, No 50 37 walnut alley

Remarks,

MAY 11 1887 BALTIMORE CITY DEPARTMENT OF HEALTH

who shall hereafter fail to comply with the provisions of this
for each offence, to be recovered as other fines are

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94099.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th child.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 7 1870

4. *Place of Birth (Street and Number),* 1530 E Hanover st

5. *Full Name of Mother,* Helene Wolff

6. *Mother's Maiden Name,* Mueller

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Emil Wolff

9. *Father's Occupation,* Piano maker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lawrason Riddle

Address, 1032 E Hanover st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ~~Child~~

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 9 - 1887
4. *Place of Birth (Street and Number),* Duncan Alley 717
5. *Full Name of Mother,* Josephina Nekermann
6. *Mother's Maiden Name,* Josephina Jurgens
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Nicklas Nekermann
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Wylie

Address, 611 Patterson Park Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co. City Printers and Stationers

RETURN OF A BIRTH 94101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), female

2. Race or Color (if not of the white race), W

3. Date of Birth, May 9 19

4. Place of Birth (Street and Number), 2230 Monument

5. Full Name of Mother, Kristine Widich

6. Mother's Maiden Name, " " Hebli

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Henry Widich

9. Father's Occupation, Butcher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes

Remarks,

MAY 10 1899 BALTIMORE, MD.

for each offence, to be recovered in other fin... or future are recoverab...

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 94102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex (state whether male or female),	female
Race or Color (if not of the white race),	W
Date of Birth,	May 29
Place of Birth (Street and Number),	11 S. Canal St
Full Name of Mother,	Mary Wank
Mother's Maiden Name,	Albrecht
Mother's Birthplace,	Bohemia
Full Name of Father,	Jacob Wank
Father's Occupation,	Cabinetmaker
Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Bank
Remarks,	

for each offence, to be recovered as other fines an forfeiture

BALTIMORE, MD.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94/03.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child.
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	May 4th 1887
4. Place of Birth (Street and Number),	No 2002 Wilhelm st
5. Full Name of Mother,	Mrs. Jenny Babbe
6. Mother's Maiden Name,	Miss Jenny Loehnen
7. Mother's Birthplace,	Frederich City
8. Full Name of Father,	Mr. John Babbe
9. Father's Occupation,	Frame Maker
10. Father's Birthplace,	Born Baltimore M. D
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	"

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 10 May 1887
4. *Place of Birth (Street and Number),* 354 Karnas St
5. *Full Name of Mother,* Antonia Stemberka
6. *Mother's Maiden Name,* Antonia Prohcaska
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Prohcaska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 205 N Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94105.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female

Race or Color (if not of the white race), white

Date of Birth, 10th May 1887

Place of Birth (Street and Number), 306 Hanover St.

Full Name of Mother, Caroline Augusta Hoos

Mother's Maiden Name, Caroline Augusta Kessler.

Mother's Birthplace, German Empire

Full Name of Father, John Hoos

Father's Occupation, Merchant

Father's Birthplace, German Empire

Name of Medical Attendant, or other person who makes this Return. Mrs. Doomler.

Address, 27 Schroeder St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeits are recoverable.

MAY 27 1887 BALTIMORE MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94106.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 00 of Child 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) brown skin
3. Date of Birth, May 10 th
4. Place of Birth, (Street and Number) 502 Myrthe aven
5. Full Name of Mother, Nellie C Moore
6. Mother's Maiden Name, Nellie C Campbell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles M Moore
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Miss Hammond

Address, No 227 arch. St

Remarks,

NTERS AND STATIONERS

RETURN OF A BIRTH 9410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth (5th)
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 10th, 1887 — 5.30 P.M.
5. *Place of Birth, (Street and Number)* No. 315 S. Eden St.
6. *Full Name of Mother,* Mrs. Florence Virginia Thompson
7. *Mother's Maiden Name,* Miss F. V. Glass
8. *Mother's Birthplace,* Baltimore, Md.
9. *Full Name of Father,* Mr. Caleb Marshall Thompson
10. *Father's Occupation,* Telegraph Operator
11. *Father's Birthplace,* Cecil County, Maryland
12. *Name of Medical Attendant,* or other Person who makes this Return. Wm. H. Clendinen, M.D.
13. *Address,* No. 418 North Broadway
14. *Remarks,*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT MAY 11 1887 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 94108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child 7

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 10 of May 1887

4. Place of Birth (Street and Number), No 1001 Aisquith St

5. Full Name of Mother, Lina Manner

6. Mother's Maiden Name, Lina Gohring

7. Mother's Birthplace, Germany

8. Full Name of Father, August Manner

9. Father's Occupation, Baas Moulder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs C. Lauer

Address, No 1059 Crafford Ave

Remarks, Bal Md.

1887

MAY 11 1887 BALTIMORE MD.

...ishing Co., City Printers and Stationers

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10
4. Place of Birth, (Street and Number) 511 S Regester
5. Full Name of Mother, Sophia Mabus.
6. Mother's Maiden Name, Sophia Adam
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Mabus.
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Frank C Brassler

Address, 17 " Bank St.

Remarks,

MAY 17 1887 BALTIMORE

City Printers and Stationers

RETURN OF A BIRTH 94110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. Sex (state whether male or female), Female.

2. Race or Color (if not of the white race).

3. Date of Birth, May 11 1887.

4. Place of Birth (Street and Number), 210 West st.

5. Full Name of Mother, Anna Leipold

6. Mother's Maiden Name, Crokmann

7. Mother's Birthplace, America.

8. Full Name of Father, Paul Leipold.

9. Father's Occupation, America.

10. Father's Birthplace, Restaurant.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife.

Address, 1032 Hanover st.

Remarks,

MAY 10 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) White 6th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th May

4. Place of Birth, (Street and Number) 45 Harrison St

5. Full Name of Mother, Annie Rentlowch

6. Mother's Maiden Name, Annie Rennel

7. Mother's Birthplace, Polen

8. Full Name of Father, Abe Rentlowch

9. Father's Occupation, Pedler

10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return. Wm. Reiß Hebamme

Address, N.W. X Frieriksstrit Baltimore

Remarks, BD

BALTH DEPARTMENT MAY 20 1[illegible] BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

o. City Printers and Stationers.

RETURN OF A BIRTH 94112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	11 Child.
Sex (*state whether male or female*),	Female
2. Race or Color (*if not of the white race*),	
3. Date of Birth,	May 11 — 1887
4. Place of Birth (*Street and Number*),	215½ Hanover st
5. Full Name of Mother,	Louise Richter
6. Mother's Maiden Name,	Busch
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Fred Richter
9. Father's Occupation,	Hat manufacturer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	F. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9ter Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Geboren 11ter Mary

4. *Place of Birth, (Street and Number)* 324 Bethel Str

5. *Full Name of Mother,* Franziska Meier

6. *Mother's Maiden Name,* Franziska Füssler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Meier

9. *Father's Occupation,* Tuber

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* geboren den 11ten März

4. *Place of Birth, (Street and Number)* No 737 Lancaster Str

5. *Full Name of Mother,* Christine Hill

6. *Mother's Maiden Name,* Christine Schneider

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Selwen Hill

9. *Father's Occupation,* Beer Brewer

Father's Birthplace, Germanie

Name of Medical Attendant, or other Person who makes this Return. Friederike Rautenberg

Address, No 517 E. Dallas Str

Remarks, Hebamme

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) [redacted]
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11/87
4. Place of Birth, (Street and Number) 1111, Chestnut all near Cross
5. Full Name of Mother, Kate Weller
6. Mother's Maiden Name, " Socyed
7. Mother's Birthplace, Penna
8. Full Name of Father, Geo Weller
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blackstone

Address, Cor S Pacas St.

Remarks, This was a premature birth being only 5 mos Uterus Gestation 13

BALTIMORE CITY DEPARTMENT OF HEALTH MAY 1 1887

...o., City Printers and Stationers.

RETURN OF A BIRTH

94116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins

1. *Sex (state whether male or female),* Males
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 11th 1887
4. *Place of Birth (Street and Number),* 10 N Paca St
5. *Full Name of Mother,* Lilly A McNeil
6. *Mother's Maiden Name,* " " Flemister
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Andrew McNeil
9. *Father's Occupation,* Florist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.C.

Address, 518 Hanover St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 14

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94117.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Nellie May Parker

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 11th 1887

4. Place of Birth (Street and Number) 938 N. Stricker - S.W. Cor Mosher

5. Full Name of Mother, Ellar L. Parker

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. S. Parker MD

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas. S. Parker MD

Address. S.W. Cor. Stricker & Mosher

Remarks. GIVEN NAME ADDED 4-10-52

BALTIMORE CITY DEPARTMENT OF HEALTH MAY 18 1887 BALTIMORE, MD.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race),
3. Date of Birth, May 12 — 1887.
4. Place of Birth (Street and Number), 1112 Ridgley st
5. Full Name of Mother, Dore Botz.
6. Mother's Maiden Name, Wacksmuth.
7. Mother's Birthplace, America
8. Full Name of Father, John Botz.
9. Father's Occupation, Shoemaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Schwasser Michwe

Address, 1032 Hanover st.

Remarks,

MAY 10 1887 BALTIMORE MD.

Who shall hereafter fail to comply with the provisions of these Rules shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* May 12/87
4. *Place of Birth, (Street and Number)* 610 N. Carolina
5. *Full Name of Mother,* Kate D. Van Rossum
6. *Mother's Maiden Name,* " " Plummer
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Wm. E. Van Rossum
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Wirtin

Address, 226 S. B'dy

Remarks,

HEALTH DEPARTMENT MAY 14 1887 BALTIMORE CITY

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

Over

RETURN OF A BIRTH

94120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 12 of May 1887
4. *Place of Birth (Street and Number),* No Oliver St near Barely
5. *Full Name of Mother,* Kate Kobb
6. *Mother's Maiden Name,* Kate Kansler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Kobb
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1037 Harford Ave

Remarks, Bal Md

Full name - Frederick W. Kolb - 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 10 1887 BALTIMORE

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth,

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May. 12th. 1887
4. *Place of Birth (Street and Number),* 2009 E. Pratt St.
5. *Full Name of Mother,* Mrs. Margaretta Lee Beans Allison
6. *Mother's Maiden Name,* Miss Margaretta Lee Beans
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* James Stevenson Allison Jr
9. *Father's Occupation,* Travelling Salesman
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BRANCH DEPARTMENT, MAY 17 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9/11/22.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 12th 1887
4. Place of Birth (Street and Number),	No 42 Fort Ave
5. Full Name of Mother,	Harriet E Hollow
6. Mother's Maiden Name,	Harriett E Shepard
7. Mother's Birthplace,	Baltimore city md
8. Full Name of Father,	Frederick Hollow
9. Father's Occupation,	Cam maker
10. Father's Birthplace,	Baltimore city md
Name of Medical Attendant, or other person who makes this Return.	E. Hinton
Address,	No 1644 South Charles St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94123.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 14 1887 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 13th 1887
4. Place of Birth (Street and Number) 217 Lewis St
5. Full Name of Mother Sarah Washington
6. Mother's Maiden Name Sarah Williams
7. Mother's Birthplace Washington City
8. Full Name of Father George Washington
9. Father's Occupation Teamster
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Catharine Decorsy

Address 304 Lewis St

Remarks apparently a sound healthy Child

RETURN OF A BIRTH

94124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 13th May

4. Place of Birth, (Street and Number) Baltimore Clark st 543

5. Full Name of Mother, Mrs Susan Bishop

6. Mother's Maiden Name, Miss Susan Hagerty

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr George Bishop

9. Father's Occupation, Machine Hand

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Wm. Reiß Hebamme

Address, No 112. N. Frieck str Baltimore

Remarks, W.C.

BALTIMORE MD. MAY 20 1[illegible]

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

94 125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 te

1. Sex, (state whether male or female) Babe
2. Race or Color, (if not of the white race) Witte 1887
3. Date of Birth 13ten Mai 1887
4. Place of Birth, (Street and Number) Leit Strict N 1540
5. Full Name of Mother, Wilhelmmiene Kaltmann
6. Mother's Maiden Name, Meier
7. Mother's Birthplace, Germanien
8. Full Name of Father, August Kaldmann
9. Father's Occupation, Wort Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Hietl Strict No 60 Karoliene Stroay

Remarks,

BIRTH DEPARTMENT MAY 10 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

94126

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth May 13 87

4. Place of Birth (Street and Number) 743 N. Central Ave

5. Full Name of Mother Johanna Ortmann

6. Mother's Maiden Name Heinmann

7. Mother's Birthplace Bettes

8. Full Name of Father John Ortmann

9. Father's Occupation Tavern

10. Father's Birthplace Bettes

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

F. Mathieu Ltd
1523 E. Baltimore City

BEALE UNIVERSITY
MAY 23 1907
BALTIMORE CITY

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH.

94126.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1887
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth May 13th 87
4. Place of Birth (Street and Number) 743 N. Central Ave
5. Full Name of Mother Johanna Ortmann
6. Mother's Maiden Name Heinmann
7. Mother's Birthplace Bettry
8. Full Name of Father John Ortmann
9. Father's Occupation Tavern
10. Father's Birthplace Bettry

Name of Medical Attendant, or other Person who makes this Return. F. Mathieu Sr

Address 1523 E. Baltimore City

Remarks

RETURN OF A BIRTH

94127.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 13 of May 1887
4. Place of Birth (Street and Number), 1230 N Stricker St
5. Full Name of Mother, Emma Jane Marsh
6. Mother's Maiden Name, Emma Jane Rauffmann
7. Mother's Birthplace, York Pezna
8. Full Name of Father, Charles Fred Marsh
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Norwalk Huron Co Ohio

Name of Medical Attendant, or other person who makes this Return. Susan Stunter

Address, 23 N. Poppelton St

Remarks, "

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 41128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	May 13 — 1917
4. *Place of Birth, (Street and Number)*	1721 E. Eager
5. *Full Name of Mother,*	Celia Crow
6. *Mother's Maiden Name,*	" Starr
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William Crow
9. *Father's Occupation,*	Bell Hanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	D. Shultz MD.
Address,	408 N. Exeter
Remarks,	

for each offence to be recovered as other fines and forfeit

BALTIMORE CITY

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 13th May

4. Place of Birth (Street and Number), 818 Pratt st

5. Full Name of Mother, Lizzie Conkenny

6. Mother's Maiden Name, Inwright

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Conkenny

9. Father's Occupation, Tavern Keeper

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016. E. Lombard st.

Remarks,

BALTIMORE CITY MAY 1 1 1 1

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 13th May

4. *Place of Birth (Street and Number),* 1225 Bank st.

5. *Full Name of Mother,* Jane Clark

6. *Mother's Maiden Name,* Gutmann

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* George Clarke

9. *Father's Occupation,* Labour

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13th 1887

4. Place of Birth, (Street and Number) No 1511 Byrd st

5. Full Name of Mother, Mary Schillinger

6. Mother's Maiden Name, Mary Lyons

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Schillinger

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Kearney

Address, No 1517 Byrd st

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

94132.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1887
4. Place of Birth (Street and Number)	No. 299 W. Lombard St
5. Full Name of Mother	Fannie Maas
6. Mother's Maiden Name	Kemper
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Aaron Maas.
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	414 N. Greene St
Remarks	

HEALTH DEPARTMENT, MAY 23 1887 BALTIMORE CITY

RETURN OF A BIRTH 91133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	13th May
4. Place of Birth (Street and Number),	603 N. Lombard st.
5. Full Name of Mother,	Mary Hulong
6. Mother's Maiden Name,	Meisenfelder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Hulong
9. Father's Occupation,	Tavern Keeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 13 1887

4. *Place of Birth, (Street and Number)* 13 Orleans St

5. *Full Name of Mother,* Annie Smith

6. *Mother's Maiden Name,* Weaver

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Smith

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Mills

Address, 1605 Walnut St. Baltimore Md.

Remarks,

MAY 27 1887 BALTIMORE

for each offense to be recovered as other fi

..., City Printers and Stationers.

RETURN OF A BIRTH 94135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether male or female), ~~Fem~~ Male child
2. Race or Color (if not of the white race), White
3. Date of Birth, on the 13th of May 87.
4. Place of Birth (Street and Number), Balto No 403 N. Fremont st
5. Full Name of Mother, ~~Frances~~ Hessler Mrs. Dorsey
6. Mother's Maiden Name, Frances Hessler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Lawrence Dorsey
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. County

Name of Medical Attendant, or other person who makes this Return. Mrs. Dunnler 60 N. Schroeder st

Address,

Remarks,

BALTIMORE, MD. MAY 10 1887

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible]

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

Sex, (state whether male or female) Female.

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* May 13/86

4. *Place of Birth, (Street and Number)* No. 110. Bloomberg St.

5. *Full Name of Mother,* Mary. Warbe.

6. *Mother's Maiden Name,* " " Louis

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* John H. Warbe.

9. *Father's Occupation,* Shoe Making

10. *Father's Birthplace,* Europe.

Name of Medical Attendant, or other Person who makes this Return. Annie. Geems.

Address, No. 634. Light St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 94137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* May 13/86.

4. *Place of Birth, (Street and Number)* No. 1801 Eagle St.

5. *Full Name of Mother,* Alvina Lantz

6. *Mother's Maiden Name,* Hausman

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Victor Lantz

9. *Father's Occupation,* Car Driver

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie Lentz

Address, No. 634 Eagle St.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH. 94138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 13 Born 13 Male ~~[illegible]~~ Amity St

4. Place of Birth, (Street and Number) 103 N Amity St

5. Full Name of Mother, Emma Wenzel

6. Mother's Maiden Name, Emma Fulda

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Wenzel

9. Father's Occupation, Shoe Fitter

10. Father's Birthplace, in Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 41 E Coppleton St

Remarks,

MAY 17 1901 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this Return, are subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
Date of Birth,	May 14th 1887
Place of Birth, (Street and Number) old 318 Saratoga St	~~Helen Van Collum~~
Full Name of Mother,	Helen Van Collum
Mother's Maiden Name,	Helen Pollack
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	David Vancollum
9. Father's Occupation,	Dry Goods Clerk
1 Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald Mr
Address,	310 N Eutaw St
Remarks,	

BALTIMORE MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 14 of May 1887
4. *Place of Birth (Street and Number),* No 1027 Somerset St
5. *Full Name of Mother,* Theresia Stoner
6. *Mother's Maiden Name,* Theresia Aigner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Will Stoner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 14 — 1887.
4. Place of Birth (Street and Number),	853 Lombard st.
5. Full Name of Mother,	Lowise Becker
6. Mother's Maiden Name,	Biemiller
7. Mother's Birthplace,	America
8. Full Name of Father,	Henry Becker
9. Father's Occupation,	Store keeper
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be [illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

MAY 19 1887 BALTIMORE, MD.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94142.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8, Moses

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 14, 1887
4. *Place of Birth (Street and Number),* 236 Harrison St
5. *Full Name of Mother,* Hannah Levi
6. *Mother's Maiden Name,* Hannah Oalesky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Levi
9. *Father's Occupation,* Shoe Makes
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103.

Remarks,

HEALTH DEPARTMENT MAY 27 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

Sex, (~~state whether~~ male ~~or female~~)

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth, May 14th 1887, 1 P.M.

4. Place of Birth, (Street and Number) S.W. Cor Lombard & Castle Sts

5. Full Name of Mother, Gussie Lambert

6. Mother's Maiden Name, " Racker

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Lambert

9. Father's Occupation, Book Keeper

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Alvego Sherzer Md

Address, 1102 E Balto St

Remarks,

BIRTH DEPARTMENT MAY 16 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers

RETURN OF A BIRTH 91144,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 2

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* May 14 1887
4. *Place of Birth,* (Street and Number) 343 n Gay st
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Mary Weller
7. *Mother's Birthplace,* Illenois
8. *Full Name of Father,* Alfred Miller
9. *Father's Occupation,* Stanbuilder
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin

Address, 304 n Exeter st

Remarks, Name of child Montrose Marion Miller

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 94145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BEALTH DEPARTMENT MAY 20 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth May 14 - 1887

4. Place of Birth, (Street and Number) 1102 Douglass

5. Full Name of Mother, Mary Neal

6. Mother's Maiden Name, " Barnet -

7. Mother's Birthplace, Balti

8. Full Name of Father, James Neal

9. Father's Occupation, Stevedore

10. Father's Birthplace, Balti

Name of Medical Attendant, or other Person who makes this Return. D Sheett

Address, 403 N. Eden - 7 -

Remarks, The Mother is enormously swollen with Dropsy - [illegible] of Bright's Disease - Birth Child Premature

Dr. [illegible] Gestation

& Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of [illegible] subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are [illegible]

RETURN OF A BIRTH 9411/46

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White race
3. *Date of Birth,*	May the 14th
4. *Place of Birth (Street and Number),*	Baltimore William St No 1324
5. *Full Name of Mother,*	Catherine W grill
6. *Mother's Maiden Name,*	Otto
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William H grill
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hatthorn
Address,	Eight St No 1514
Remarks,	

MAY 16 1917 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 14 of May 1887
4. Place of Birth (Street and Number), No. 131 Clement st
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, L. Weller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Miller
9. Father's Occupation, Stone cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. Grishaber

Address, No 129 West st

Remarks,

MAY 18 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 9,1118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 15 1877

4. *Place of Birth, (Street and Number)* 616 N. Bethel St.

Full Name of Mother, Mary Semmler

Mother's Maiden Name, Sulthaus

Mother's Birthplace, Balto. Md

8. *Full Name of Father,* Chas Semmler

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

Semmler

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

., City Printers and Stationers.

RETURN OF A BIRTH 94149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 15th 1887
4. *Place of Birth (Street and Number),* 929 Hanover St
5. *Full Name of Mother,* Lambina Hessa
6. *Mother's Maiden Name,* " Thurn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred J Hessa
9. *Father's Occupation,* Cutler Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D.

Address, 518 Hanover St p.L.33

Remarks,

HEALTH DEPARTMENT, MAY 21 1887 BALTIMORE, MD.

For each Offence, to be recovered as other fines and forfeits are recovered by Ordinance.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH. 94150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1887
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6d

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth May 15th 87 - 1887

4. Place of Birth (Street and Number) 1823 Fairmount Ave

5. Full Name of Mother Francis Ann Bailey

6. Mother's Maiden Name Thaffer

7. Mother's Birthplace Britty

8. Full Name of Father Thomas Bailey

9. Father's Occupation Captain

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

[illegible]
245 S. Baltimore St

RETURN OF A BIRTH 94151.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Louis

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 15, 1887
4. *Place of Birth (Street and Number),* 418 E. Baltimore St
5. *Full Name of Mother,* Minnie Cooper
6. *Mother's Maiden Name,* Minnie Rubenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Cooper
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Askenase

Address, Albemarle St. cor 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94152.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race), white
3. Date of Birth, 15 of May.
4. Place of Birth (Street and Number), 2044 Bank. St city
5. Full Name of Mother, Mary F. Bartman
6. Mother's Maiden Name, May F Wroten
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William F. Bartman
9. Father's Occupation, Capper.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. Wiley

Address, 611 Patterson Park Av.

Remarks,

BALTH DEPARTMENT MAY 24 1897 BALTIMORE CITY

for each offence, to be recovered as other fines and [illegible] orable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. *Date of Birth,* May 15/87

Place of Birth, (Street and Number) 1933 E. Fayette St

Full Name of Mother, Mary E. Bullock

6. *Mother's Maiden Name,* " " Eadley

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Edwin Bullock

9. *Father's Occupation,* Porter

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

...provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) ~~W~~

Date of Birth, 15 May / 87

Place of Birth, (Street and Number) No 917 Durham St

Full Name of Mother, Gusta Schwanebeck

Mother's Maiden Name, Kluge

Mother's Birthplace, Germany

Full Name of Father, H. Schwanebeck

Father's Occupation, Tanner

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, No 1511 Eden St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 15 th 1887

4. *Place of Birth, (Street and Number)* No 29 Caroline Str.

5. *Full Name of Mother,* Emma Manner

6. *Mother's Maiden Name,* Melcher

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Albert Manner

9. *Father's Occupation,* Shoemaker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, No 1817 Bond St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH, 94156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Harry Alfred Schafer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Monday May 15th 1887.
4. *Place of Birth, (Street and Number)* No 2236 Frederick Ave.
5. *Full Name of Mother* Anna (~~Schafer~~), Schafer
6. *Mother's Maiden Name* Anna (~~Berg~~) Baus
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George (~~Schafer~~) Schafer
9. *Father's Occupation* Grocery Store Keeper.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Catherine Dell

Address No 57 old No 337 New No Bantalo St

Remarks CERTIFICATE CORRECTED 3-13-53

BALTIMORE CITY HEALTH DEPARTMENT MAY 20 1887

RETURN OF A BIRTH 9415 J.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex (state whether male or female), Male

3. Race or Color (if not of the white race), White

3. Date of Birth, May 15th 1887.

4. Place of Birth (Street and Number), 2301 Essex str.

5. Full Name of Mother, Lizzie Ompteda

6. Mother's Maiden Name, Dietcher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Ompteda

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Wiley.

Address, 611 Patterson Park Ave.

Remarks,

MAY 21 1887 BALTIMORE

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 94158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), —
3. Date of Birth, May 15. 1887
4. Place of Birth (Street and Number), 214 S. Patterson Park Ave
5. Full Name of Mother, Mrs. Lida Ann Gray Jones
6. Mother's Maiden Name, Miss Lida Ann Gray
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Capt. John Thomas Jones
9. Father's Occupation, Oyster & Fruit Packer
10. Father's Birthplace, Smyrna, Delaware

Name of Medical Attendant, or other person who makes this Return. G. G. Cusk M. D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

MAY 16 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94159.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16 1887

4. Place of Birth, (Street and Number) 928 Argyle Ave

5. Full Name of Mother, Fanny Bernheimer

6. Mother's Maiden Name, Fanny Hamburger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman Bernheimer

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Friedenwald M.D.

Address, 310 N Eutaw Street

Remarks,

MAY 20 1887 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 94160.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colord

3. Date of Birth, May 16th 1887

4. Place of Birth (Street and Number), No 927 N. Howard

5. Full Name of Mother, Maria Taylor

6. Mother's Maiden Name, Jimison

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Taylor

9. Father's Occupation, Porter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

BALTIMORE MD. MAY 20 1887

for each offence, to be recovered as other fines and

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 16th 1887
4. *Place of Birth (Street and Number),* Randall & Patapsco
5. *Full Name of Mother,* Louisa Stritter
6. *Mother's Maiden Name,* " Nolf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Stritter
9. *Father's Occupation,* Grocerman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St. R.C.L.B.

Remarks,

HEALTH DEPARTMENT, MAY 11 1887 BALTIMORE, MD.

...ing Co., City Printers and Stationers

94162

~~91462~~

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16/87

4. Place of Birth, (Street and Number) 100 N. Patterson Pk. av.

5. Full Name of Mother, Ida Delano

6. Mother's Maiden Name, " Snyder

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Delano

9. Father's Occupation, Tugboat Capt.

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

MAY 27 1887 BALTIMORE, MD.

for each offence to be recovered [illegible] and forfeitures [illegible]

[illegible], City Printers and Stationers.

RETURN OF A BIRTH

9416.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 16 1887

4. Place of Birth (Street and Number), 1630 Fort Avenue

5. Full Name of Mother, E O Routzahn

6. Mother's Maiden Name, French

7. Mother's Birthplace, Washington

8. Full Name of Father, Foster L Routzahn

9. Father's Occupation, Number taker for B & O

10. Father's Birthplace. Frederick

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Cuba St

Remarks, Locust Point

HEALTH DEPARTMENT
MAY 24 1887
BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 · Child
1. Sex (state whether male or female),	Little · Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 16th of May 1887
4. Place of Birth (Street and Number),	No 414 Payson st city
5. Full Name of Mother,	Mrs. Mena Synder
6. Mother's Maiden Name,	Miss Mena Emrich
7. Mother's Birthplace,	Hessen damstadt Germany
8. Full Name of Father,	Mr · Synder
9. Father's Occupation,	Brich Maher
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	No · 2127 west Pratt st
Remarks,	

BALTIMORE CITY
MAY 20 18[illegible]
BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 16 Day of April 1887
4. *Place of Birth (Street and Number),* No. 1816 W Pratt St
5. *Full Name of Mother,* Barbra Franz
6. *Mother's Maiden Name,* " " Weaver
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Franz
9. *Father's Occupation,* Finisher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dunler

Address, 217 Schroeder St.

Remarks,

BALTIMORE MD. MAY 11 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 16th 1887
4. *Place of Birth (Street and Number),* No 13 Hamilton St
5. *Full Name of Mother,* Fannie Wilson
6. *Mother's Maiden Name,* " Hazelton
7. *Mother's Birthplace,* Eastern-Shore Md
8. *Full Name of Father,* Smith Wilson
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Eastern shore Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

MAY 20 1887 BALTIMORE CITY

for each offence, to be recovered as other fines are recovered.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 10 of May 1887
4. Place of Birth (Street and Number), No. 1131 Light St
5. Full Name of Mother, Katie Kaufman
6. Mother's Maiden Name, Katie Solder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joe Kaufman
9. Father's Occupation, Candy maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. Grishaber

Address, No. 127 West St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 16 1887 BALTIMORE, MD.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 6 the

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 16 of May
4. *Place of Birth (Street and Number),* 27 Fountain St
5. *Full Name of Mother,* Eva Klingelhöfer
6. *Mother's Maiden Name,* = Schile
7. *Mother's Birthplace,* Betricksdorf Perussia
8. *Full Name of Father,* John Klingelhöfer
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St

Remarks, Canton

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94169.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPARTMENT MAY 24 1887

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	1st
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (~~if not~~ of the white race)	White
3. Date of Birth	May 16 — 1887
4. Place of Birth (Street and Number)	401 Payson St
5. Full Name of Mother	Eliz. Ann Mitchell
6. Mother's Maiden Name	" " Feddeman
7. Mother's Birthplace	Centreville — Queen Anne's Co — Md
8. Full Name of Father	Chas. J. B. Mitchell
9. Father's Occupation	Travelling Salesman
10. Father's Birthplace	Queenstown — Md
Name of Medical Attendant, or other Person who makes this Return.	C. C. McDowell M. D.
Address	1521 W. Fayette St
Remarks	

RETURN OF A BIRTH.

94170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race) White
4. Date of Birth May 16th 1887
5. Place of Birth (Street and Number) 808 S Green St
6. Full Name of Mother Sarah Stern
7. Mother's Maiden Name Sarah Knopf
8. Mother's Birthplace Hagerstown Md
9. Full Name of Father Solomon Stern
10. Father's Occupation Clerk
11. Father's Birthplace Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. F Edward Kiley MD

Address 645 Columbia Avenue

Remarks

RETURN OF A BIRTH. 94171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 17 1887
4. Place of Birth, (Street and Number) 619 Calhoun St.
5. Full Name of Mother, Lillie Van Saun Dinger
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, New York —
8. Full Name of Father, Charles F. Dinger
9. Father's Occupation, Dentist
10. Father's Birthplace, New York —

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill M.D.

Address, 807 Arlington Ave

Remarks,

MAY 20 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 91172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
Sex, (state whether male or female)	male
Race or Color, (if not of the white race)	
Date of Birth,	May 17 - 1897
Place of Birth, (Street and Number)	1635 E. Monument St
Full Name of Mother,	Florence Willis
Mother's Maiden Name,	" Detrick
Mother's Birthplace,	Baltimore Md.
Full Name of Father,	Lemuel Willis
Father's Occupation,	Carriage Painter
Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Geo. F. Baylor. M.D
Address,	728 N. Broadway
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 94173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May. 17th 1887
4. *Place of Birth (Street and Number),* Baltimore. Clifford. St. no. 924
5. *Full Name of Mother,* Marry. Thobitha. Gerwig.
6. *Mother's Maiden Name,* Marry. Thobitha. nee. Combs.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles. Fredrich. Gerwig.
9. *Father's Occupation,* Laberer.
10. *Father's Birthplace,* Arsnell. at. Pikesville.

Name of Medical Attendant, or other person who makes this Return. Susan Stuntz.

Address, 23 N Poppleton St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94174.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 17th 1887
4. *Place of Birth (Street and Number),* No 210 N. Gay St
5. *Full Name of Mother,* Annie Price
6. *Mother's Maiden Name,* " Buff
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Amos T. Price
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

MAY 20 1887 BALTIMORE MD

for each offence, to be recovered as other [illegible] are [illegible]

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9417 S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

Race or Color (if not of the white race). Colored

3. Date of Birth, May 17th 1887

Place of Birth (Street and Number), 617 Caroline St

Full Name of Mother, Margaret Mack

6. Mother's Maiden Name, Margaret Simms

7. Mother's Birthplace, Md

8. Full Name of Father, Wesley Mack

9. Father's Occupation, Driver

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland (Midwife) "

Address,

Remarks,

MAY 20 1887 BOARD OF HEALTH BALTIMORE MD.

for each offence, to be recovered as other fines are.

phing Co., City Printers and Stationers.

RETURN OF A BIRTH 94176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17. 1887
4. *Place of Birth, (Street and Number)* 928 N Mount Street
5. *Full Name of Mother,* Ida Matilda Cadell
6. *Mother's Maiden Name,* Ida Matilda Busser
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* John Franklin Cadell
9. *Father's Occupation,* Mchinnet
10. *Father's Birthplace,* Harford County Md

Name of Medical Attendant, or other Person who makes this Return J. C. Hummer

Address, 212 Franklin St

Remarks,

MAY 27 1887 BALTIMORE MD

O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 17

4. *Place of Birth, (Street and Number)* 1 Welcome Alley 2018

5. *Full Name of Mother,* Annie Johnson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Acimac County

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, York Street 229

Remarks,

MAY 23 1887 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 94178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 of May 1887
4. *Place of Birth (Street and Number),* No. 135 West St
5. *Full Name of Mother,* Mary Forsyth
6. *Mother's Maiden Name,* Mary Warfield
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Forsyth
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. L. Grishaber

Address, No. 128 West St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CO.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18th May

4. *Place of Birth (Street and Number),* 302 Perkins st

5. *Full Name of Mother,* Emma Virginia Smith

6. *Mother's Maiden Name,* " " Ehlert

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Geo W Smith

9. *Father's Occupation,* Plumber & Gasfitter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Dunnap

Address, 1927 W. Lombard st

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

lishing Co., City Printers and Stationers

Missing #94180

RETURN OF A BIRTH 94181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MAY 8 1917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 18

4. Place of Birth, (Street and Number) Plum Row 823

5. Full Name of Mother, Annie Hammon

6. Mother's Maiden Name, Annie Lewis

7. Mother's Birthplace, West River

8. Full Name of Father, Charles Hammon

9. Father's Occupation, Oyster Stucke

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return Milly Ross

Address, York Street 229

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 94182.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 of Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 18 of Mar 1887
4. *Place of Birth (Street and Number),* No 1203 Harlem Ave
5. *Full Name of Mother,* Kunigunda Sporier
6. *Mother's Maiden Name,* Kunigunda Arold
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Sporier
9. *Father's Occupation,* Cardriver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs K Sauer

Address, No 1059 Hayford Ave

Remarks, Bal Md

1887

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 94183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* 18 May /87
4. *Place of Birth, (Street and Number)* No. 1830 Chew Str.
5. *Full Name of Mother,* Mary Fisher
6. *Mother's Maiden Name,* Filow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chr. Fisher
9. *Father's Occupation,* Fredrick
10. *Father's Birthplace,* Labor work

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, No. 1817 Chew Str.

Remarks,

HEALTH DEPARTMENT, MAY 19 1887 BALTIMORE CITY

, City Printers and Stationers.

RETURN OF A BIRTH.

94184.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 20 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Thursday May 19th 1887
4. Place of Birth (Street and Number) 1620 W. Fayette St.
5. Full Name of Mother Mary Louisa Nolen
6. Mother's Maiden Name " " Barrett
7. Mother's Birthplace Phila. Pa.
8. Full Name of Father A. W. Nolen
9. Father's Occupation Monag'r Balto. Steam Carpet Cleaning Co.
10. Father's Birthplace Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz M. D.

Address 1220 Lexington St.

Remarks

RETURN OF A BIRTH 94185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 19th 1881
4. *Place of Birth (Street and Number),* 1575 Nicholson St
5. *Full Name of Mother,* Alice Kennedy
6. *Mother's Maiden Name,* Alice Myler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Jas Kennedy
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ethel

Address, No 1619. Cuba St

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

...hine Co., City Printers and Stationers.

RETURN OF A BIRTH 94186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May the 19
4. *Place of Birth, (Street and Number)* Baltimore stock Holmn street
5. *Full Name of Mother,* Belle Mathew
6. *Mother's Maiden Name,* Belle Kinner
7. *Mother's Birthplace,* ankindell country
8. *Full Name of Father,* laboring Charlie Kinner
9. *Father's Occupation,* laboring man
10. *Father's Birthplace,* West river

Name of Medical Attendant, or other Person who makes this Return. lovena mills

Address, stock Holmn street

Remarks, doing well

MAY 24 1887 BALTIMORE

for each offence to be recovered as other [illegible] and forfeitures are recovered

Co., City Printers and Stationers.

RETURN OF A BIRTH 94187.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 19th 1887

4. *Place of Birth, (Street and Number)* 76 Dolphin St

5. *Full Name of Mother,* Amanda Allison

6. *Mother's Maiden Name,* Amanda Bitler

7. *Mother's Birthplace,* York Penn.

8. *Full Name of Father,* Wm H Allison

9. *Father's Occupation,* Locomotive Engineer

10. *Father's Birthplace,* York, Penn.

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Morris M.D.

Address, 871 Harlem Avenue

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 19th May 1887
4. *Place of Birth (Street and Number),* 215 Pearl st
5. *Full Name of Mother,* Mary Bichy
6. *Mother's Maiden Name,* Mary Riley
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles E. Bichy
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 Poppelton St

Remarks,

BALTH DEPARTMENT MAY 24 1887 BALTIMORE MD

For each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9411 89.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 19th

4. *Place of Birth (Street and Number),* 453 W. Pratt.

5. *Full Name of Mother,* Charlotte Gatenheimer

6. *Mother's Maiden Name,* Charlotte Hoeckel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Christian Gatenheimer

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Friederiche Bauler. Midwife 218 W Pratt.

Remarks,

10. each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH.

94190.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH, MAY 25 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May - 19th
4. Place of Birth (Street and Number)	Orchard st 437
5. Full Name of Mother	Mary E Moore
6. Mother's Maiden Name	Mary E Roberts
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John John E Moore
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Ann E Bias
Address	Biddle st 60 & 0
Remarks	

RETURN OF A BIRTH.

9/1/91.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	May 14th
4. Place of Birth (Street and Number)	Tyson st 172
5. Full Name of Mother	Sarah Brown
6. Mother's Maiden Name	Sarah Brown
7. Mother's Birthplace	Fredralsburg Va
8. Full Name of Father	Benyamin Brown
9. Father's Occupation	Brick maker
10. Father's Birthplace	Rent island eastern shore
Name of Medical Attendant, or other Person who makes this Return.	Ann E Bis
Address	Biddle st 540
Remarks	

MAY 25 1891 BALTIMORE

RETURN OF A BIRTH 91192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19. 1887
4. *Place of Birth, (Street and Number)* 571 Dolphin St.
5. *Full Name of Mother.* Emma Otterbein Wicks
6. *Mother's Maiden Name,* " Otterbein
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* George Wicks
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Warburg Brewer M.D

Address, 1031 McCulloh St.

Remarks,

MAY 21 1887 BALTIMORE CITY

City Printers and Stationers.

RETURN OF A BIRTH. 94193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th birth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 19th 1887 2.30 a.m.

4. Place of Birth, (~~Street and~~ old Number) — 587. W. Lexington St.

5. Full Name of Mother, Rebecca Harris

6. Mother's Maiden Name, Rebecca Marcus

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Abram Harris

9. Father's Occupation, Merchant

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this Return.

Address, A. H. Easton M.D.

Remarks, 1136 Lexington St.

BALTIMORE MAY 20 1887

for each offence to be recovered as other fines and penalties are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94194.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 20th 1887
4. *Place of Birth (Street and Number),* 913 Brown St
5. *Full Name of Mother,* Florida & Disney
6. *Mother's Maiden Name,* " Bunting
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo J & Disney
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cocke M.D.

Address, 518 Brown St Ln 3

Remarks,

MAY 21 1887 BALTIMORE, MD.

...ing Co., City Printers and Stationers

over

RETURN OF A BIRTH 9/1/96.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Name George Charles Grolock	
1. *Sex (state whether male or female),*	male ~~Male~~ (Female)
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 20 — 87
4. *Place of Birth (Street and Number),*	1917 E Biddle St —
5. *Full Name of Mother,*	Augusta M. (Grolock Gotlock) Dreher
6. *Mother's Maiden Name,*	" " Dreher
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	(Gustavus) (Grolock Gotlock)
9. *Father's Occupation,*	Milkman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Laurell
Address,	912 Mc Donogh St
Remarks,	

for each offence, to be recovered as [illegible]

[illegible]hing Co., City Printers and Stationers

RETURN OF A BIRTH 9u196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* May 20

4. *Place of Birth (Street and Number),* Baltimore Pearl Alley 228

5. *Full Name of Mother,* Christina Pegelow

6. *Mother's Maiden Name,* Hasselmann

7. *Mother's Birthplace,* Baltimore Md D.

8. *Full Name of Father,* George Pegelow

9. *Father's Occupation,* Watchmaker

10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Mimmel Midwife

Address, 625 Saratoga St

Remarks,

MAY 31

RETURN OF A BIRTH 94197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1887
4. Place of Birth, (Street and Number) No 1137 Leadenhall st
5. Full Name of Mother, Mary Schully
6. Mother's Maiden Name, Mary Feehely
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Denney Schully
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517 Byrd st

Remarks,

HEALTH DEPARTMENT MAY 20 1887 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 94198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 20. 1887

4. Place of Birth, (Street and Number) 715 Shooter St

5. Full Name of Mother,

6. Mother's Maiden Name, Sarah Johnson

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 432 Register St

Remarks,

MAY 28 1887
BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH. 94199.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third Child

1. Sex (state whether Male or Female) Colored "

2. Race or Color (if not of the white race) Male Child

3. Date of Birth Friday 20th

4. Place of Birth (Street and Number) Baltimore 209 Chestnut St

5. Full Name of Mother Mary Ann Curtis

6. Mother's Maiden Name Mary Ann Craig

7. Mother's Birthplace Newburn North Carolina

8. Full Name of Father Mack Curtis

9. Father's Occupation Steavidoing on wharf

10. Father's Birthplace Newburn North Carolina

Name of Medical Attendant, or other Person who makes this Return. Darky Tombling

Address ~~W 144 Chestnut Street~~

Remarks ~~No remarks~~

No 308 Chesnut St

RETURN OF A BIRTH. 94200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 te

Sex, (state whether male or female) Babe

2. *Race or Color, (if not of the white race)* Witte

3. *Date of Birth* 20 ten März

4. *Place of Birth, (Street and Number)* Klaksen Strict No 1620

5. *Full Name of Mother,* Rema Hofmann

6. *Mother's Maiden Name,* Harisen

7. *Mother's Birthplace,* Baltimor

8. *Full Name of Father,* Tosts Hofmann

9. *Father's Occupation,* Work Mann

10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return.

Address, Hiet Strict No 60 Karoline Schmerz

Remarks, "

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 20 1887
4. *Place of Birth (Street and Number),* 640 W Hoffman St
5. *Full Name of Mother,* Mary Conroy
6. *Mother's Maiden Name,* Mary Dunn
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Daniel Conroy
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Susan J Hunter

Address, 23 N Payretton St

Remarks.

MAY 25 1887 BALTIMORE

for each offence, to be recovered as other forfeitures are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9tes Child

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Geboren den 20ten May

4. *Place of Birth, (Street and Number)* No 1517 Eastern Ave

5. *Full Name of Mother,* Elise Breme

6. *Mother's Maiden Name,* Elise Schultz

7. *Mother's Birthplace,* Germanien

8. *Full Name of Father,* Henrij Breme

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallaes St

Remarks, Hebamme

for each offence to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 94203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 21st
4. *Place of Birth (Street and Number),* 92 & Foster Alley
5. *Full Name of Mother,* May Emory
6. *Mother's Maiden Name,* " Turpin
7. *Mother's Birthplace,* Denton M. D
8. *Full Name of Father,* George Emory
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Denton M D

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson street

Remarks,

MAY 31 1897 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 9/2014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 2 / 1897

4. *Place of Birth (Street and Number),* 611 Constitution Av.

5. *Full Name of Mother,* Virginia F. Mitchell

6. *Mother's Maiden Name,* " " Conrad

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Geo. W. Mitchell

9. *Father's Occupation,* Hackman.

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Carrollton Av

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are by law recoverable.

MAY 31 1897 BALTIMORE MD. BOARD OF HEALTH

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 87
4. *Place of Birth, (Street and Number)* #1620. Eastern Ave
5. *Full Name of Mother,* Mrs Christina Mohler
6. *Mother's Maiden Name,* " " Wanker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Caspar Mohler
9. *Father's Occupation,* Stevedore
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Goetzke

Address, #114 S Bond St

Remarks,

BALTIMORE, MD. MAY 21 87

Report its birth to the Commissioner of Health in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures [illegible] recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May 21st 1887
4. *Place of Birth, (Street and Number)* # 22 Clinton ave
5. *Full Name of Mother,* Sallie Barclay
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* King & Queen Co Va
8. *Full Name of Father,* Henry Barclay
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Celester Cook

Address, # 1008 Shields aly

Remarks,

or persons who shall hereafter fail to comply with the pro... for each offense to be recovered as other fines and forfeit...

BALTIMORE MAY 24 1887

...City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 (94207)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 May 1887
4. Place of Birth, (Street and Number) Letrobe St 1706 Balt
5. Full Name of Mother, ~~Alies Geiy~~ Alies Henderson
6. Mother's Maiden Name, Alies Geiy
7. Mother's Birthplace, S Mary Co
8. Full Name of Father, C. Henderson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germen
11. Name of Medical Attendant, or other Person who makes this Return Mrs Wooden
12. Address, 936 Greenmount Av
13. Remarks.

HEALTH DEPARTMENT, MAY 23 1887, BALTIMORE, MD.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter [illegible] the provisions of this section shall be subject to a fine of ten dollars for each offence, [illegible] and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94208.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 21—87
4. *Place of Birth (Street and Number),*	No 1930 E Biddle St
5. *Full Name of Mother,*	Cattie F. Mettee
6. *Mother's Maiden Name,*	" " Zimmerman
7. *Mother's Birthplace,*	Kentucky
8. *Full Name of Father,*	Chas. H. Mettee
9. *Father's Occupation,*	Paper hanger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

BALTIMORE MD

ing Co., City Printers and Stationers

RETURN OF A BIRTH. 94209.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* May 21st 1867
4. *Place of Birth, (Street and Number)* 1031 Eutaw st
5. *Full Name of Mother,* Lizzie West
6. *Mother's Maiden Name,* Lizzie Sanders
7. *Mother's Birthplace,* Kent conty Va
8. *Full Name of Father,* Henry West
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Accomac conty Va

Name of Medical Attendant, or other Person who makes this Return. Mary ann dorsey

Address, 510. Burgundye al

Remarks, five dolors

HEALTH DEPARTMENT, MAY 24 1867 BALTIMORE MD.

for each offence to be recovered as other fines and forfeit ... able.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 11-9-55

RETURN OF A BIRTH

94210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Wilson

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, May 21st 1887.
4. Place of Birth (Street and Number), 512 N. Gilmor St.
5. Full Name of Mother, Laura E. Wilson,
6. Mother's Maiden Name, Laura E. Ray,
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Alexander C. R. Wilson,
9. Father's Occupation, Salesman,
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Kroger Md.

Address, 662 W Lexington St

Remarks,

MAY 24 1887 BALTIMORE

for each offence, to be recovered as other fines and

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94211)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 21/87
4. *Place of Birth, (Street and Number)*	1426 S. Charles St.
5. *Full Name of Mother,*	Cora May
6. *Mother's Maiden Name,*	Jenkins
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W Seaman
9. *Father's Occupation,*	R. R. Fireman
Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return	J. H. Smithtlee
Address,	909 S. Charles St.
Remarks,	

any person or persons who shall hereafter fail [illegible] of this section shall be subject to a fine of ten dollars for each offence, to [illegible] as other [illegible] alties are recoverable.

MAY 23 1887 BALTIMORE

INTERS AND STATIONERS.

RETURN OF A BIRTH. 94212.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 te

Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Witte

3. Date of Birth 22 Mai 1887

4. Place of Birth, (Street and Number) Dost Elle No 1118

5. Full Name of Mother, Eventiene Weiland

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Germani

8. Full Name of Father, Adolf Weiland

9. Father's Occupation, Work Mann

Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Hiet Strict No 60 Karolien Schwarz

Remarks,

HEALTH DEPARTMENT MAY 27 1887 BALTIMORE CO

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeits

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 9 4 2 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 22 May
4. Place of Birth, (Street and Number) No 405 Lexington Str Baltim
5. Full Name of Mother, Hannah M Bentz
6. Mother's Maiden Name, " " " Clark
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Geo W Bentz
9. Father's Occupation, Fireman
10. Father's Birthplace, Howard Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Kate Cross No 413 S Poppleton Str

Remarks,

HEALTH DEPARTMENT MAY 27 1896 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, may 29 th

4. Place of Birth, (Street and Number) Jones Ct 128

5. Full Name of Mother, M. Brown.

6. Mother's Maiden Name, M. Carol

7. Mother's Birthplace, West River

8. Full Name of Father, Henry Barun

9. Father's Occupation, Brick Yarg

Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return, Mary Dougherty

Address, Boheim Ct 2006

Remarks, Respectable Doctor

MAY 30 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94215.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

Sex (state whether male or female), female

2. *Race or Color (if not of the white race).* white

3. *Date of Birth,* May 22, 1887

4. *Place of Birth (Street and Number),* 732 Luzerne St.

5. *Full Name of Mother,* Mary Lennert

6. *Mother's Maiden Name,* Mary Krouse

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Charles Lennert

9. *Father's Occupation,* Teamster

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary S. Swayne

Address, 72 E Luzerne St.

Remarks,

...ishing Co., City Printers and Stationers.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), —
3. Date of Birth, May 22. 1887
4. Place of Birth (Street and Number), 207 S. Sun St.
5. Full Name of Mother, Mrs Annie Marfield Johnson
6. Mother's Maiden Name, Miss Annie Marfield
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, John Johnson
9. Father's Occupation, Policeman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Funk Mad.

Address, 1000 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT MAY 24 1887 BALTIMORE CITY

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94217.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 28 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22nd 87

4. Place of Birth, (Street and Number) #1529 E Pratt St

5. Full Name of Mother, Mr. Francis Ruhly

6. Mother's Maiden Name, " " Marshall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ruhly

9. Father's Occupation, Teamster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, #114 S. Bond St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this [illegible] be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7d
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	~~Jun~~ May 22.
4. Place of Birth (Street and Number),	Cocoas St Nov 212
5. Full Name of Mother,	Sarah Bankes
6. Mother's Maiden Name,	Sarrach Richerson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Bankes
9. Father's Occupation,	Labener
10. Father's Birthplace,	North Caroline
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	Nov 16.19. Cuba St
Remarks,	Baltimore

HEALTH DEPARTMENT MAY 2 1897 BALTIMORE

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9421 9.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 22nd 1887

4. *Place of Birth (Street and Number),* 434 Lambert

5. *Full Name of Mother,* Maggie Berry

6. *Mother's Maiden Name,* Martin Fiker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Berry

9. *Father's Occupation,* Seaman

10. *Father's Birthplace,* Finland

Name of Medical Attendant, or other person who makes this Return. Mrs Ethel

Address, 1619 Cuba St

Remarks,

for each offence, to be recovered as other fines are recoverable.

MAY 24 1907 BALTIMORE

...bling Co., City Printers and Stationers.

RETURN OF A BIRTH 94220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22, 1887
4. Place of Birth, (Street and Number) 1841 E. Lombard St.
5. Full Name of Mother, Sophia Reitz
6. Mother's Maiden Name, Kuebinspies
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John H. Reitz
9. Father's Occupation, Store keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, M. J. Gately, M.D.

Address, 111 S. Broadway

Remarks,

...or persons who shall hereafter fail to ... the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94221.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 — May 22
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* Brown Skin
4. *Date of Birth,* May 22
5. *Place of Birth, (Street and Number)* No 612 Saratoga court
6. *Full Name of Mother,* Jennie Meldon
7. *Mother's Maiden Name,* Jennie Meldon
8. *Mother's Birthplace,* Saint marys County
9. *Full Name of Father,* unknown
10. *Father's Occupation,*
11. *Father's Birthplace,*
12. *Name of Medical Attendant,* or other Person who makes this Return — Harriett Hammond
13. *Address,* No 227 arch st
14. *Remarks,*

PRINTERS AND STATIONERS

RETURN OF A BIRTH 94222.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first Child

Sex, (state whether male or female) Male.

Race or Color, (if not of the white race) White

Date of Birth, 23 th May 1887.

Place of Birth, (Street and Number) 170 Central Ave.

Full Name of Mother, Agnes Hurley

Mother's Maiden Name, Agnes Schaffer

Mother's Birthplace, Balto Md.

Full Name of Father, Ulysses G. Hurley

Father's Occupation, Grocer Furnisher

Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs M. E. Hurley

Address, 312 North Eden St.

Remarks,

HEALTH DEPARTMENT BALTIMORE MAY 24 1887

for each offence to be recovered as other fines and forfeitures

, City Printers and Stationers.

RETURN OF A BIRTH 94223.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* May 23

4. *Place of Birth (Street and Number),* 719 pine street

5. *Full Name of Mother,* George Sullivan

6. *Mother's Maiden Name,* " " Kinner

7. *Mother's Birthplace,* Eastern Shore, M D

8. *Full Name of Father,* James Sulivan

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Eastern shore M D

Name of Medical Attendant, or other person who makes this Return. Mrs Anne Johson

Address, 710 Tyson street

Remarks,

MAY 31 1927

for each offence, to be recov[illegible] fines and forfeits [illegible] recoverable.

[illegible]hing Co., City Printers and Stationers

RETURN OF A BIRTH 91224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	23rd of May 1887.
4. Place of Birth (Street and Number),	25 South Caroll street.
5. Full Name of Mother,	Amma Pratty.
6. Mother's Maiden Name,	Emma Jager.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	George Jager.
9. Father's Occupation,	Cuper.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

for each offence, to be recovered as other fines and fo...

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 1

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 23 87

4. Place of Birth, (Street and Number) # 625 S. Paca st

5. Full Name of Mother, Emma Knight

6. Mother's Maiden Name, Keyser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jno Knight

9. Father's Occupation, Brick Mason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Shriver

Address, 855 W. Lombard

Remarks,

for each offense to be recovered as other fines are recoverable.

RETURN OF A BIRTH 94226.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 23rd May 1887
4. *Place of Birth (Street and Number),* 921 S Charles St
5. *Full Name of Mother,* Mary McAvoy
6. *Mother's Maiden Name,* " White
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Stephen McAvoy
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. J. H. W. Wetzlaf M.D.

Address, 106 Barrett

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

REGISTRAR OF VITAL STATISTICS MAY 28 1887 BALTIMORE MD.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Anna Marie Oettinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

3. Date of Birth, May 23d

4. Place of Birth, (Street and Number) 1105 Sassafras St

5. Full Name of Mother, Mary Oettinger

6. Mother's Maiden Name, " Betz

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas Oettinger

9. Father's Occupation, Contractor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Geo R Graham M.D.

Address, 725 Columbia ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

9 11328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female), Female

Race or Color (if not of the white race), Colored

3. *Date of Birth,* May 23rd 1887

4. *Place of Birth (Street and Number),* 5'15' Preston 91—

5. *Full Name of Mother,* Rachel Emory

6. *Mother's Maiden Name,* Rachel Emory

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Ellen Moore 5'15 Orchard St

Remarks,

BALTIMORE DEPARTMENT OF HEALTH

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94229.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 2-19-53 Name Irene Edith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

Sex, (state whether male or female) Female Child

2. Race or Color, (if not of the white race) - White

3. Date of Birth, May 23rd 1887

4. Place of Birth, (Street and Number) Cole st 16 old Baltimore Md

5. Full Name of Mother, Cary Somyot

6. Mother's Maiden Name, Cary Crumer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Somyot

9. Father's Occupation, Cabin Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary ann Kraning

Address, 414 South Stricker st Balto Md

Remarks, Mother and Child are doing well

HEALTH DEPARTMENT MAY 20 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 28 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
Date of Birth,	23 May 1887
Place of Birth, (Street and Number)	437 W Baltimore
Full Name of Mother,	Sera Levi
Mother's Maiden Name,	" Kempner
Mother's Birthplace,	U S
Full Name of Father,	Hirsch Levi
Father's Occupation,	Merchant
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Attendant
Address,	310 N Eutaw
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 94231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
Sex (state whether male or female),	Girl
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	23rd of May 1897.
4. *Place of Birth (Street and Number),*	2113 Jefferson Street.
5. *Full Name of Mother,*	Allice G. Sneard.
6. *Mother's Maiden Name,*	Allice G. Schnitt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles A. Schnitt
9. *Father's Occupation,*	Carpender
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chappel st per Justina Kunkel
Remarks,	Healthy.

for each offence, to be recovered as other fines and forfeitures hereby provided.

BALTIMORE

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

Ones 94232.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George R. McKeldin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	May 23/86. 1887
4. Place of Birth, (Street and Number)	No. 1446. Charles St.
5. Full Name of Mother,	Mary C. McKeldin,
6. Mother's Maiden Name,	" " Wells.
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	George McKeldin.
9. Father's Occupation,	Glass. Blower.
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Annie Gems.
Address,	No. 1714. Light St.
Remarks,	Yours. Truly.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 23.

4. *Place of Birth, (Street and Number)* No 9,10

5. *Full Name of Mother,* Lizzie Barba

6. *Mother's Maiden Name,* Lizzie Sarvp

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Barba

9. *Father's Occupation,* Police Officer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address, # 503 North Carolina St

Remarks,

HEALTH DEPARTMENT, MAY 23 1887 BALTIMORE CITY

Co., City Printers and Stationers.

RETURN OF A BIRTH 9 1 1 3 4

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th

1. *Sex,* (*state whether male or female*) ~~White~~ Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* May 24 1871

4. *Place of Birth,* (*Street and Number*) (old No) 57 Laurens St

5. *Full Name of Mother,* Mary Ellen Ostendorf

6. *Mother's Maiden Name,* Mary Ellen Jordan

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry S. Ostendorf

9. *Father's Occupation,* Box Manf

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Robt T. Wilson.

Address, 814 & 820 Park Ave

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 91235.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 25th 1887.
4. Place of Birth (Street and Number),	1105 Charles st.
5. Full Name of Mother,	Lizzie Loeffler
6. Mother's Maiden Name,	Hoeflich
7. Mother's Birthplace,	America
8. Full Name of Father,	Louis Loeffler
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohrgasser & Michael
Address,	1032 Hanover st.
Remarks,	

BALTIMORE CITY DEPARTMENT OF HEALTH MAY 27 1887

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94236.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th
4. *Place of Birth, (Street and Number)* 222 W Fay St
5. *Full Name of Mother,* Sophie Martin
6. *Mother's Maiden Name,* Sophie Drewes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Martin
9. *Father's Occupation,* Tea Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 2 Cathedral St

Remarks,

for each offense to be recovered as other fines and [illegible] recoverable.

BALTIMORE CITY, JUN 1 1887

City Printers and Stationers.

RETURN OF A BIRTH 94237.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 24-87
4. *Place of Birth, (Street and Number)*	1709 Barnes St
5. *Full Name of Mother,*	Sarah C. Clark
6. *Mother's Maiden Name,*	" " Palmer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H. Clark
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary A Allwell
Address,	912 McElderry St
Remarks,	

BOARD OF HEALTH BALTIMORE 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

94238. over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Samuel E. Walters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, May 2nd 1887
4. Place of Birth (Street and Number), 303 S. Ann St.
5. Full Name of Mother, Mrs. Barbara Elizabeth Lewis Walters
6. Mother's Maiden Name, Miss Barbara Elizabeth Lewis
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, William John Walters
9. Father's Occupation, Baker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. A. Kuck M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

MAY 28 87 BALTIMORE

for each offence, to be recovered as other fines and f... are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/12.39.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 24
4. *Place of Birth, (Street and Number)* 6 Moore alley 79 in Baltimore
5. *Full Name of Mother,* Rachel Simmons
6. *Mother's Maiden Name,* Rebel Johns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Samuel Simmons
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Haverdegrace

Name of Medical Attendant, or other Person who makes this Return. Mrs Charlotte Gordon

Address, 1553 Moore alley

Remarks,

RETURN OF A BIRTH. 94240.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Tuesday 24 May
4. *Place of Birth, (Street and Number)* 129 Amity St Baltimore
5. *Full Name of Mother,* Minnie Witte
6. *Mother's Maiden Name,* Minnie Fulda
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Witte
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germannie

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

MAY 30 1897 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 94241.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st-

Sex, (*state whether male or female*) female

2. *Race or Color*, (*if not of the white race*) white

3. *Date of Birth* May 24 / 87

4. *Place of Birth*, (*Street and Number*) 420 N Broadway

5. *Full Name of Mother*, Caroline M Nicolai

6. *Mother's Maiden Name*, Wyatt

7. *Mother's Birthplace*, Balto

8. *Full Name of Father*, Charles D Nicolai

9. *Father's Occupation*, Merchant

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other Person who makes this Return. Dr H T Morgan

Address, 315 W Monument St

Remarks,

for each offence to be recovered as other fines and fo

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94242.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 119 hubert st lockest point
5. *Full Name of Mother,* maggre sulivan
6. *Mother's Maiden Name,* maggie kenedy
7. *Mother's Birthplace,* Birth place Ierland
8. *Full Name of Father,* James sulavan
9. *Father's Occupation,* Coal trimer
10. *Father's Birthplace,* Ierland

Name of Medical Attendant, or other Person who makes this Return

Address. Ann Thornton

Remarks. hubart street lockest

HEALTH DEPARTMENT, MAY 24 1887 BALTIMORE MD.

CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race),
3. Date of Birth, May 25th
4. Place of Birth (Street and Number), No 132 Cross St.
5. Full Name of Mother, Johanna Dönges
6. Mother's Maiden Name, " Schumm
7. Mother's Birthplace, Steinberg Germany
8. Full Name of Father, Johann George Dönges,
9. Father's Occupation, Mashinist
10. Father's Birthplace, Wallau Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 111 Cross Street,

Remarks,

BEALTH DEPARTMENT JUN 1 1897 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94244.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, 25th May

4. Place of Birth (Street and Number), 919 Canton Ave.

5. Full Name of Mother, Katie Lfonahue

6. Mother's Maiden Name, Gutmann

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Lfonahue

9. Father's Occupation, Arab

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

BEARING OF REGISTRAR JUN 7 BALTIMORE MD

...for each offence, to be recovered as other fines and forfeitures ...able.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 4

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* May 25/87

4. *Place of Birth, (Street and Number)* No 704 St Paul St

5. *Full Name of Mother,* Elizabeth Heinkemp

6. *Mother's Maiden Name,* " Gibel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Jno. Heinkemp

9. *Father's Occupation,* Piano Manf.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H. L. Sheehan

Address, 855 W. Lombard St

Remarks,

HEALTH DEPARTMENT MAY 31 1887 BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 94246.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 25ten Mai 1887
4. Place of Birth, (Street and Number) Hannover Strict No 2335
5. Full Name of Mother, Auguste Eifler
6. Mother's Maiden Name, Schöneman
7. Mother's Birthplace, Germanien
8. Full Name of Father, Karel Eifler
9. Father's Occupation, Work Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Hiet Strict N60 Karoline Schwarz

Remarks,

HEALTH DEPARTMENT MAY 27 1887 BALTIMORE

...k Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-25-55

RETURN OF A BIRTH 942 47.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lloyd Albert Westley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, May 25—87
4. Place of Birth (Street and Number), 1211 N. Ann St
5. Full Name of Mother, Ida (~~Wesley~~) Westley
6. Mother's Maiden Name, " Raine
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry ~~Wesley~~ Westley
9. Father's Occupation, Machinist
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 10 BALTIMORE, MD.

...ling Co., City Printers and Stationers

RETURN OF A BIRTH 911248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 25th 1887
4. Place of Birth (Street and Number),	No 18 South Green St
5. Full Name of Mother,	Mary E Ferguson
6. Mother's Maiden Name,	Mary E Lewis
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	Robert M Ferguson
9. Father's Occupation,	Farmer
10. Father's Birthplace,	Michigan
Name of Medical Attendant, or other person who makes this Return.	Brecht M D
Address,	1123 N Eutaw St
Remarks,	Baltimore Md

...section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH. 94249.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the Eleventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	the twenty fifth of May
4. Place of Birth (Street and Number)	1919 east Old Biddle st
5. Full Name of Mother	Matilda C. Cornish
6. Mother's Maiden Name	Matilda C Gibbs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Henry Cornish
9. Father's Occupation	Barber.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane D. Gaston
Address	# 17 Hamilton St City
Remarks	

HEALTH DEPARTMENT MAY 31 1919 BALTIMORE

RETURN OF A BIRTH 94250.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May the 25 1867
4. Place of Birth (Street and Number), No 16 Fredrick Ave
5. Full Name of Mother, Banch Shoebert
6. Mother's Maiden Name, Blanch Carmine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F Shoebert
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Fredrick

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 20.22 Wilkinson

Remarks,

HEALTH DEPARTMENT JUN 1 1867 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* —
3. *Date of Birth,* May 25. 1887
4. *Place of Birth (Street and Number),* 1632 E. Madison St.
5. *Full Name of Mother,* Mrs. Mary Emma Carroll Gardner
6. *Mother's Maiden Name,* Mrs Mary Emma Carroll
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Christopher Columbus Gardner
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other person who makes this Return. G. C. Lark M.D.

Address, 1000 E. Balt. St.

Remarks, Forceps delivery

BRANCH OFFICE MAY 28 1887 BALTIMORE, MD.

for each offence, to be recovered as other [illegible] for failures are [illegible]

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94252.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25th day of May.
4. *Place of Birth (Street and Number),* No. 1350 corner Washington and Hoffman St
5. *Full Name of Mother,* Carrie Faupel
6. *Mother's Maiden Name,* Carrie Pinschmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephen Faupel
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Cure Hassen in Germany

Name of Medical Attendant, or other person who makes this Return. Florentina Gutberlet

Address, No. 1504 Aisquith St

Remarks,

JUN 3 16

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 91253.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st girl

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25 May.
4. *Place of Birth (Street and Number),* No 101 Saulsbury St.
5. *Full Name of Mother,* Annie Meise.
6. *Mother's Maiden Name,* Annie Werner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carl Meise.
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Katie Blunck

Address, 800 Leadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94254.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex (state whether ~~male~~ or female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 25th of May 1887.
4. *Place of Birth (Street and Number),* 28 pearl st. near fayette
5. *Full Name of Mother,* Elizabeth Schneider
6. *Mother's Maiden Name,* Wambach
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Schneider
9. *Father's Occupation,* Merchant Tailor.
10. *Father's Birthplace,* Berlebery

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, JUN 27 87 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ching Co. City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child

1. Sex, (state whether male or female) male (94255)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th, 1887
4. Place of Birth, (Street and Number) No. 1638 E. Fayette St.
5. Full Name of Mother, Mary A. Howe
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Howe
9. Father's Occupation, Fire man
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. W. J. Gately, M.D.

Address, No. 111 S. Broadway

Remarks,

MAY 26 BALTIMORE MD.

for each offence to be recovered as other fines are forfeited, and are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

g 11256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25th 2.30 A. M. 1887

4. Place of Birth, (Street and Number) 513 Campbell St.

5. Full Name of Mother, Rosa A. Shehan

6. Mother's Maiden Name, Flood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George E. Shehan

9. Father's Occupation, driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 94257.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex (state whether male ~~or female~~), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 25th, 1887
4. Place of Birth (Street and Number), No. 220 North Chester St.
5. Full Name of Mother, Mrs Mary Elizabeth Cooper
6. Mother's Maiden Name, Miss Mary E. Hillerbrand
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr George C. Cooper
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H Clendinen, M.D.

Address, No. 418 N. Broadway

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 26 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, May 26th 87

4. Place of Birth, (Street and Number) #1533 E Pratt st

5. Full Name of Mother, Mrs Jennie Stetz

6. Mother's Maiden Name, Sandlebach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Stetz

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, #114 S. Bond St

Remarks,

HEALTH DEPARTMENT MAY 20 1887 BALTIMORE, MD

or persons who shall neglect fail to comply with the provisions of this section, shall be subjected to the fine of one thousand dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94259.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 26, 1887
4. Place of Birth, (Street and Number) 1608 Walker St. Baltimore Md
5. Full Name of Mother Katie Sulthaus
6. Mother's Maiden Name, Sullivan
7. Mother's Birthplace, London England
8. Full Name of Father, John H Sulthaus
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Baltimore Md.

Remarks,

REGISTRAR, JUN 3 1887 BALTIMORE, MD.

Report as birth to the Commissioner of Health, or Registrar of Vital Statistics, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines. Blank Returns are required.

Co., City Printers and Stationers.

George W. Miller

RETURN OF A BIRTH 94260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilbur Clifton Becker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white race

3. Date of Birth, May the 26, 1887

4. Place of Birth (Street and Number), Baltimore west St No 1.3 [illegible]

5. Full Name of Mother, rossa Becker

6. Mother's Maiden Name, guthie

7. Mother's Birthplace, Salsberg Md

8. Full Name of Father, gorge Becker

9. Father's Occupation, Cabenmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light St No 1514

Remarks, GIVEN NAME ADDED, 2-25-52

BEALTH DEPARTMENT JUN 1 1887 BALTIMORE MD

for each offence, to be recovered as other fines and forfeits are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recoverable as other fines and penalties are recoverable.

BALTH DEPARTMENT, JUN 1 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child (94261)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, May 26 1887

Place of Birth, (Street and Number) Baltimore Md. No 912 Grove St

5. Full Name of Mother, Sarah Frances Bell "

6. Mother's Maiden Name, Sarah Frances Mathews

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Garrett Bell

9. Father's Occupation, Off Bearer

10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94262.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 26" 1887.
4. Place of Birth (Street and Number), No 171 Patterson Park
5. Full Name of Mother, Amelia Kretter
6. Mother's Maiden Name, Amelia Burgner
7. Mother's Birthplace, West Canton
8. Full Name of Father, Herrman Kretter
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 3 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94263.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 26 of may

4. *Place of Birth (Street and Number),* 1024 James alley

5. *Full Name of Mother,* Carrie Hartlove

6. *Mother's Maiden Name,* Carrie Baily

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John B Hartlove

9. *Father's Occupation,* Moalder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co. City Printers and Stationers

RETURN OF A BIRTH 94264.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, 26 May

4. Place of Birth (Street and Number), No 1271 Johnson street

5. Full Name of Mother, Mrs. Katie Lenz Goenner

6. Mother's Maiden Name, Katie Lenz

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Mr. August Goenner

9. Father's Occupation, Taylor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, JUN 2 1897 BALTIMORE MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 1265.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	26th May 1887
4. Place of Birth (Street and Number),	1311. North Mount St
5. Full Name of Mother,	Mary Agnes Sheehan
6. Mother's Maiden Name,	Mary Dolan
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William Sheehan
9. Father's Occupation,	Gardener
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Stanton.
Address,	23, N. Poppleton St
Remarks,	

DEPARTMENT OF HEALTH BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 26th 1887.

4. Place of Birth (Street and Number), 238 Castle st

5. Full Name of Mother, Annie Swartzman

6. Mother's Maiden Name, " " Baymard

7. Mother's Birthplace, Germany

8. Full Name of Father, Weighnard Swartzman

9. Father's Occupation, Laberer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Sigg Betz

Address, 1 Bark st

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94267)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 26 - 87
4. Place of Birth, (Street and Number) 602 N. Charles St
5. Full Name of Mother, Mary E. Robey
6. Mother's Maiden Name, " " Linthicum
7. Mother's Birthplace, Md
8. Full Name of Father, E. Porter Robey
9. Father's Occupation, Lawyer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Wm. A. B. Sellman M.D.

Address, 5. East Biddle St

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, JUN 1887 BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94268.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 26th 1887

4. Place of Birth, (Street and Number) No. 8. East Biddle Street

5. Full Name of Mother, Imogine Reid Bird (Imogen)

6. Mother's Maiden Name, Imogine Reid (Imogen Reid)

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilson Edgeworth Bird

9. Father's Occupation, Merchant

10. Father's Birthplace, Georgia

Name of Medical Attendant, or other Person who makes this Return H. F. O. Wilson

Address, No. 814 Park Avenue

Remarks,

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE MD.

CO., COY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94269.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, May 26th 1887

4. Place of Birth (Street and Number), No 612 Baker St

5. Full Name of Mother, Henrietta Foote

6. Mother's Maiden Name, Henrietta Pumphrey

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Foote

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Roolins

Address,

Remarks,

HEALTH DEPARTMENT MAY 31 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94270.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, 26 of May
4. Place of Birth (Street and Number), 2234 Canton Avenuen
5. Full Name of Mother, Anna Nieberding
6. Mother's Maiden Name, = Runnebom
7. Mother's Birthplace, Lohne Oldenburg (Germ)
8. Full Name of Father, Franz Nieberding
9. Father's Occupation, Cigar-macker.
10. Father's Birthplace, Lohne Oldenburg (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss.

Address, 2524 Lancaster St.

Remarks, 8 Months ~~Sch~~ Child.

BALTIMORE, MAY 27 1901

who shall hereafter fail to comply with the provisions of this section [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

GIVEN NAME ADDED 7-22-86

RETURN OF A BIRTH 94271.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Annie Elizabeth Kellihan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 27. 1887
4. *Place of Birth (Street and Number),* 837 Columbia Ave
5. *Full Name of Mother,* Mary Catherine Kellihan
6. *Mother's Maiden Name,* " " Gentner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Daniel Joseph Kellihan
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Norfolk Va
11. *Name of Medical Attendant,* or other person who makes this Return. Mrs Barge
12. *Address,* 711 Cross St
13. *Remarks,*

the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 94272.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) 2d

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 27th 1887.
4. Place of Birth, (Street and Number) 256 Arlington Ave
5. Full Name of Mother Alice Gesford
6. Mother's Maiden Name Alice Lowe
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Gesford
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Beem M.D.

Address Cor Arlington & Lafayette Ave

Remarks

BIRTH DEPARTMENT MAY 31 1887 BALTIMORE

RETURN OF A BIRTH.

94273

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) Ninth

ther Male or Female) fe-male

r (if not of the white race) Colored

May 27 - 1887

th (Street and Number) 899 Stockholm St.

f Mother Catherine Hayes

den Name Catherine Dorsey

thplace Baltimore City

f Father Thomas Hayes

upation Carter.

thplace Baltimore City

dical Attendant, or other Person who makes this return Charity Co Bouldin

808 Stockholm

JUN 1 1887 BALTIMORE, MD.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94274.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 27 May 1889
4. *Place of Birth (Street and Number),* 942 Scharp Strit
5. *Full Name of Mother,* Gesine Schüle
6. *Mother's Maiden Name,* Gesine Mamminga
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adolph Schüle
9. *Father's Occupation,* Butscher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien

Address, 927 Scharp Strit

Remarks,

HEALTH DEPARTMENT JUN 3 1889 BALTIMORE

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94275.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. Date of Birth, May 27 1887

4. Place of Birth, (Street and Number) Baltimore 1018 Pentecote

Full Name of Mother, Lizzie Lewis

6. Mother's Maiden Name, Lizzie Purcenet

7. Mother's Birthplace, Baltimore ~~[illegible]~~

8. Full Name of Father, William Lewis

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hichell

Address, 112 Calender Alley

Remarks,

HEALTH DEPARTMENT JUN 3 1887 BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94276.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 27th 1887
4. *Place of Birth (Street and Number),* 810 Greenmount Ave
5. *Full Name of Mother,* Bridget Dwyer
6. *Mother's Maiden Name,* Bridget Morrissey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Dwyer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. W. J. Jones M.D.

Address, 1238 Greenmount Ave

Remarks, Returned delayed for want of blank form

REGISTRAR OF BIRTHS JUN 4 1887 BALTIMORE, MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94277.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 of May 1887
4. *Place of Birth, (Street and Number)* 202 Boyd Street
5. *Full Name of Mother,* Annie Scott.
6. *Mother's Maiden Name,* Annie Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Billy Scott.
9. *Father's Occupation,* White-washer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Jane Richardson

Address, 315 King Street.

Remarks,

HEALTH DEPARTMENT JUN 4 1887 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

UNITED DEPARTMENT OF HEALTH BALTIMORE JUN 4 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th 1887

4. Place of Birth, (Street and Number) No 1702 Elizabeth Lane

5. Full Name of Mother, Sarah Buttner

6. Mother's Maiden Name, Sarah Falk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Buttner

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Horning

Address, No 1512 Byrd st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

94279.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 3 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 27th
4. *Place of Birth (Street and Number)* Leadenhall st. Old 11
5. *Full Name of Mother* Marcellina Dishields
6. *Mother's Maiden Name* " " Vesley
7. *Mother's Birthplace* Lailsbury
8. *Full Name of Father* Diah Wesley
9. *Father's Occupation* Carter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Francis Granby

Address 936 Leadenhall St

Remarks doing well

RETURN OF A BIRTH.

94280.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex* (state whether Male or Female) female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* May 26

4. *Place of Birth* (Street and Number) 1 Gallas St, 808 North

5. *Full Name of Mother* Caroline Johnson

6. *Mother's Maiden Name* Caroline Chase

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Lucian Johnson

9. *Father's Occupation* Daily Laborer

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. H. C.

Address Donna Hunter Midwife. 628 Bethel st

Remarks Water on the brain Cause of death

RETURN OF A BIRTH 94281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Friday May 27th 1887

4. Place of Birth (Street and Number), 1150 Scott St

5. Full Name of Mother, Mrs Anna Eckhardt

6. Mother's Maiden Name, Miss Anna Fenton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wm Eckhardt

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 11 Cross St.

Remarks,

HEALTH DEPARTMENT, JUN 3 1887, BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94282.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, May 21st 1887

4. Place of Birth (Street and Number), Nanticoke St # 1174

5. Full Name of Mother, Louise Jacob

6. Mother's Maiden Name, Louise Amrhein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. F. Jacob

9. Father's Occupation, Confectioner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Ahrens

Address, 800 Leadenhall St.

Remarks,

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Cold

Date of Birth, May 27/87

4. Place of Birth (Street and Number), 1103 Lemmon Al

5. Full Name of Mother, Henrietta Maddox

6. Mother's Maiden Name, Henrietta Waters

7. Mother's Birthplace, Va

8. Full Name of Father, Chas Maddox

9. Father's Occupation, Labor

Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. J. Wm Woodland

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are [illegible] recoverable.

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 1 1887

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27 1887

4. Place of Birth, (Street and Number) 67 South Parrish st Balto Md

5. Full Name of Mother, Annie Myer

6. Mother's Maiden Name, Annie Long

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Myer

9. Father's Occupation, Labour

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary K. Kraning

Address. 414 South Stricker st Balto Md

Remarks, Mother and Child are doing well

HEALTH DEPARTMENT, BALTIMORE, MD. MAY 27 1887

For each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94285.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 27

4. *Place of Birth, (Street and Number)* 34 L McEldery

5. *Full Name of Mother,* Annie Diggs

6. *Mother's Maiden Name,* Annie Cornish

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* George Diggs

9. *Father's Occupation,* Carter

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Daniel V Moyer MD

Address, 728 Aisquith St

Remarks, City

HEALTH DEPARTMENT, MAY 31 1887, BALTIMORE CITY

for each offense to be recovered as other fines and for

City Printers and Stationers.

RETURN OF A BIRTH 94286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
Sex (state whether male or female),	female
2. Race or Color (if not of the white race).	White race
3. Date of Birth,	May 19th Day
4. Place of Birth (Street and Number),	Hanover St No 186
5. Full Name of Mother,	Catherine Kitto
6. Mother's Maiden Name,	Evers
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John T Kitto
9. Father's Occupation,	Labourer
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St No 1514
Remarks,	

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9-12-87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
Sex, (state whether male or female),	Little Girl
Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 27th May 1887
4. Place of Birth (Street and Number),	No 383 Monroe st
5. Full Name of Mother,	Mrs Alslager
6. Mother's Maiden Name,	Miss Annie Kline
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr. Charles Alslager
9. Father's Occupation,	By Trade Cuper
10. Father's Birthplace,	Wirtenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt st
Remarks,	

HEALTH DEPARTMENT BALTIMORE JUN 27

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94288.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 27
4. Place of Birth (Street and Number) 59 Oregon St
5. Full Name of Mother Kate Rosenwinkel
6. Mother's Maiden Name Kate Meith
7. Mother's Birthplace Germany
8. Full Name of Father August Rosenwinkel
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Rob & K Kneass

Address 1205 W Fayette St

Remarks

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 91289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 27 — 1887
4. *Place of Birth (Street and Number),* 108 Albemarle St.
5. *Full Name of Mother,* Mary Paul
6. *Mother's Maiden Name,* Wensel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Paul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E Fait St,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94290.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Lottie M. Jubb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 1887, 27th of May
4. Place of Birth (Street and Number), North east corner of Schroder st and raburg st
5. Full Name of Mother, Magey Jubb
6. Mother's Maiden Name, Magey Brogin
7. Mother's Birthplace, Baltimore, MD
8. Full Name of Father, James E Jubb
9. Father's Occupation, street paver
10. Father's Birthplace, Baltimore. MD

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23, N Poppelton st

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE, MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third (3rd)

1. *Sex (state whether male or ~~female~~),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 27th 1887

4. *Place of Birth (Street and Number),* No. 2016 East Fayette St.

5. *Full Name of Mother,* Mrs. Mary Florence Adams

6. *Mother's Maiden Name,* Miss M. F. Macinster

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Mr. Edward McClelland Adams

9. *Father's Occupation,* Fireman (Chimney Work)

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Claudius M.D.

Address, No 418 N. Broadway

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 94292.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* May 27th 1887
3. *Date of Birth,* . . . . . .
4. *Place of Birth (Street and Number),* # 611 Ensor str. Balto.
5. *Full Name of Mother,* Mary Elizabeth Wegefarthd
6. *Mother's Maiden Name,* " " " Mc Arthur
7. *Mother's Birthplace,* Meadville. Pa.
8. *Full Name of Father,* Conrad Wegefarthd
9. *Father's Occupation,* Manufacturer of Medicines
10. *Father's Birthplace,* Hessen Cassel Germany

Name of Medical Attendant, or other person who makes this Return. Mrs W. Mannel. Midwife

Address, #625 Saratoga str

Remarks,

HEALTH DEPARTMENT MAY 31 1887 BALTIMORE

RETURN OF A BIRTH 94293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* May 28, 1887
4. *Place of Birth (Street and Number),* 2509 Canton Ave.
5. *Full Name of Mother,* Margaret Mac. Louis
6. *Mother's Maiden Name,* Margaret Lindaman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Jacquois Mac Louis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

MAY 31 1887 BALTIMORE

for each offence, to be recovered [illegible] fines and [illegible] recoverable.

[illegible]ing Co., City Printers and Stationers.

RETURN OF A BIRTH 94294.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May the 28 " 18 87
4. *Place of Birth (Street and Number),* Wodyer st No 3 36
5. *Full Name of Mother,* Catharine Miles
6. *Mother's Maiden Name,* Catharine frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas miles
9. *Father's Occupation,* musitioner
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins ave

Remarks,

HEALTH DEPARTMENT, JUN 1 87 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ling Co., City Printers and Stationers.

RETURN OF A BIRTH 94295.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 28th 1887.
4. *Place of Birth (Street and Number),* 57 Carrollton Ave
5. *Full Name of Mother,* Margaret M. Unihorn
6. *Mother's Maiden Name,* " " Umphreys.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. Unihorn
9. *Father's Occupation,* With B. and O. R. R. Co
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. None.

Address,

Remarks, Attended by her Mother Marg. Ann Umphreys.

JUN 1 1887 BALTIMORE, MD.

for each offence, to be recovered as of ... and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94296.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 28, 1887
4. Place of Birth (Street and Number), 217 S Eutaw St
5. Full Name of Mother, Isabell Stuart
6. Mother's Maiden Name, Isabell Eirich
7. Mother's Birthplace, New York
8. Full Name of Father, William Stuart
9. Father's Occupation, Furniture & Carpet dealer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94297.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* ~~Brown~~ Colored

3. *Date of Birth,* May 29, 1887

4. *Place of Birth, (Street and Number)* No. 123 James Court

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Louisa Wilson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Emmet Child father unknown

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address, No. ~~1~~ 123 N. Hurbarn Street

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 94298.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white race

3. Date of Birth, May the 28

4. Place of Birth (Street and Number). Baltimore olivia St No 1425

5. Full Name of Mother, Mary E Neill

6. Mother's Maiden Name, Cropper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, garge Neill

9. Father's Occupation, glass gather

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Kuthorn

Address, Light St No 1514

Remarks,

ning Co., City Printers and Stationers.

RETURN OF A BIRTH 94299.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 28-87
4. *Place of Birth (Street and Number),*	934 N. Durham St
5. *Full Name of Mother,*	Augusta J. Krumbein
6. *Mother's Maiden Name,*	" " Heler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Fred. Krumbein
9. *Father's Occupation,*	Provision Dealer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allured
Address,	912 McDonogh St
Remarks,	

BOARD OF HEALTH BALTIMORE CITY

...and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

94300

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, May 28. 1887.
4. Place of Birth, (Street and Number) 112 Mosher st. (old no.)
5. Full Name of Mother, Selina C. Stidman,
6. Mother's Maiden Name, Crook,
7. Mother's Birthplace, Bristol, England,
8. Full Name of Father, J. T. Stidman,
9. Father's Occupation, Wire Manufacturer,
10. Father's Birthplace, Clifton, England.

Name of Medical Attendant, or other Person who makes this Return J. L. Ingle M.D.

Address, 1007 Lanvale st.

Remarks,

HEALTH DEPARTMENT, JUN 7 1887, BALTIMORE, MD.

...to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH 94301.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th child

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, the 28th day of may
4. Place of Birth (Street and Number), No. 2322. canton avenue
5. Full Name of Mother, Mary. M. Hartlove
6. Mother's Maiden Name, Mary. M. Meyers.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Enoch. G. Hartlove
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, 611 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUN 3 1897

for each offence, to be recovered as other fines are forfeited.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH, 94302.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

2. Sex (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth Sat May 28th 1887

5. Place of Birth, (Street and Number) No 2102 Bruno St.

6. Full Name of Mother Anna Krak

7. Mother's Maiden Name Anna Lemm

Mother's Birthplace Germany.

8. Full Name of Father William Krak

9. Father's Occupation Cigar Maker

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Catherine Doll

Address No 337 Bantalee St.

Remarks

RETURN OF A BIRTH 91303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 28th

4. *Place of Birth (Street and Number),* Cor Pratt & Eden st.

5. *Full Name of Mother,* Baska Englemann

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Englemann

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 122 S Eutaw st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 28th
4. *Place of Birth (Street and Number),*	320 Sharp St
5. *Full Name of Mother,*	Lucia Sullins
6. *Mother's Maiden Name,*	" Dixon
7. *Mother's Birthplace,*	Calvert County,
8. *Full Name of Father,*	Jno. T. Sullins,
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch M.D
Address,	511 Hanover St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94305.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 28th
4. *Place of Birth (Street and Number),* 1621 Fairmount Ave
5. *Full Name of Mother,* Mamie Hornay
6. *Mother's Maiden Name,* Mamie Cassidy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hornay
9. *Father's Occupation,* Cooter or Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1611 Monument St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH. 94306.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JAN 5 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 28th 1887

4. Place of Birth (Street and Number) 1024 East Baltimore Street

5. Full Name of Mother Eva Wilson

6. Mother's Maiden Name Eva Bennett

7. Mother's Birthplace London England

8. Full Name of Father Henry Turner Wilson

9. Father's Occupation Driver Transfer Wagon

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas. M. Morfitt M.D.

Address 927 East Baltimore Street

Remarks Left Occiputo Anterior Position. Natural Labor

RETURN OF A BIRTH 94307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28th day of May

4. *Place of Birth, (Street and Number)* 919 Pierce St. Baltimore

5. *Full Name of Mother,* Louisa Cooper

6. *Mother's Maiden Name,* Louisa Cattle

7. *Mother's Birthplace,* York, England

8. *Full Name of Father,* Walter John Cooper

9. *Father's Occupation,* Capper

10. *Father's Birthplace,* Leicester, England

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks,

lty Printers and Stationers.

RETURN OF A BIRTH 94308.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	28 of May 1887
4. Place of Birth, (Street and Number)	773 Hover Street.
5. Full Name of Mother,	Ellen Watts
6. Mother's Maiden Name,	Ellen Howard
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Billy Watts
9. Father's Occupation,	Brickyard.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	May Jane Richardson
Address,	315 King Street.
Remarks,	

BALTIMORE CITY DEPARTMENT, JUN 14 1887

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94309.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	Colored
Date of Birth,	28 of May 1887
Place of Birth, (Street and Number)	1008 Vine Street.
Full Name of Mother	Alverta Calhoun
Mother's Maiden Name,	Alverta Calhoun
Mother's Birthplace,	Baltimore
Full Name of Father,	Edward Bowen
Father's Occupation,	Musicianer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Jane Richardson
Address,	315 King Street.
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 28 1887

Place of Birth, (Street and Number) Baltimore No 81 Parkin St

Full Name of Mother, Katie Neff

Mother's Maiden Name, Katie Conley

Mother's Birthplace, Baltimore

Full Name of Father, Charlie Neff

Father's Occupation, Printer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Mitchell

Address, 112 Calendar Ally

Remarks,

HEALTH DEPARTMENT JUN 3 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeit

, City Printers and Stationers.

RETURN OF A BIRTH 94311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* may the 28
4. *Place of Birth (Street and Number),* Carel Str 1426
5. *Full Name of Mother,* Susona Watts
6. *Mother's Maiden Name,* Susona Sowel
7. *Mother's Birthplace,* Baltimore Cotry
8. *Full Name of Father,* William Watts
9. *Father's Occupation,* laBer
10. *Father's Birthplace,* arandol Cony

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94312.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May the 28 1897
4. *Place of Birth (Street and Number),* Baltimore st No 1024
5. *Full Name of Mother,* Eva gurtrue Wilson
6. *Mother's Maiden Name,* Eva gurtrue Bennet
7. *Mother's Birthplace,* London Paris
8. *Full Name of Father,* Thorry C Wilson
9. *Father's Occupation,* Cabrer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 27 BOARD OF HEALTH BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	May the 28 th.
4. Place of Birth (Street and Number),	Baltimore Charles St No 1528
5. Full Name of Mother,	Elizabeth riggin
6. Mother's Maiden Name,	Snyder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John t riggin
9. Father's Occupation,	laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Kattacan
Address,	light st No 1514
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94314.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~tt~~

3. Date of Birth, May 28 1887

4. Place of Birth, (Street and Number) South West Cor Chase & McKim Bd

5. Full Name of Mother, Mary A Sweeney

6. Mother's Maiden Name, Mary A Gunning

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Luke A Sweeney.

9. Father's Occupation, Grocer.

10. Father's Birthplace, County Roscomon Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUN 1 1887

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, May 28th 1887
4. Place of Birth (Street and Number), 134 Cheerman St
5. Full Name of Mother, Willie Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Jackson
9. Father's Occupation, Boot Black
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dashey & Tanlan per mark

Address, 144 Cheerman St

Remarks,

BALTIMORE, MAY 28 1887 HEALTH DEPARTMENT

...for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colloud
3. Date of Birth, May 28 1887
4. Place of Birth, (Street and Number) 408 Woodey st
5. Full Name of Mother, Mary ~~Quiler~~ Cook
6. Mother's Maiden Name, M. Quiler
7. Mother's Birthplace, Fredrick Md
8. Full Name of Father, Denis Cook
9. Father's Occupation, Laborer. Carroll Co Md
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Charlot Proctor

Address, 511 Carlton st

Remarks,

HEALTH DEPARTMENT MAY 30 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures

..., City Printers and Stationers.

RETURN OF A BIRTH 94317.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, May 29th 1887

4. Place of Birth (Street and Number), No 131 Monroe St.

5. Full Name of Mother, Mary Reihl

6. Mother's Maiden Name, " " Reihl.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Reihl

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

who shall hereafter fail to comply with the provisions of this Return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are [illegible]

HEALTH DEPARTMENT JUN 1 1887 BALTIMORE, MD.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 29 1897
4. *Place of Birth (Street and Number),*	663 E Hanover st.
5. *Full Name of Mother,*	Gusta Geyer Kressler
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Herman Fentsch
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohrwasser. Midwife
Address,	1032 Hanover st
Remarks,	

JUN 1897 BALTIMORE HEALTH DEPARTMENT

who shall hereafter fail to comply with the provisions of this [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and for

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female), Female

Race or Color (if not of the white race),

Date of Birth, May 29th 1897

Place of Birth (Street and Number), 911 Bond st

Full Name of Mother, Sarina Rummel

Mother's Maiden Name, " " Ruppel

Mother's Birthplace, Germany

Full Name of Father, Philip Rummel

Father's Occupation, Hay Dealer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Beh

Address, 1201 Bank st

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

943 20.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 29th 1887

4. Place of Birth (Street and Number) Tyson St # 105

5. Full Name of Mother Mollie Thomson

6. Mother's Maiden Name

7. Mother's Birthplace Lankster County Va

8. Full Name of Father Samuel Thomson

9. Father's Occupation Horseshoer

10. Father's Birthplace Frederick Md

Name of Medical Attendant, or other Person who makes this Return. Jane D. Easton

Address #10. Hamilton St — City

Remarks —

RETURN OF A BIRTH 94321.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 29th
4. *Place of Birth (Street and Number),* Lloyd st near Lombard st.
5. *Full Name of Mother,* Hannah Mebliner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Milliner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S Exeter st.

Remarks,

BALTIMORE CITY JUN 4 1897

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of tenthe, dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 29 - 1887
4. *Place of Birth, (Street and Number)*	110 Silas alley
5. *Full Name of Mother,*	Harriet Horner
6. *Mother's Maiden Name,*	Holliday
7. *Mother's Birthplace,*	Frederalsburg, Md.
8. *Full Name of Father,*	Harry Horner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Frederalsburg, Md.
Name of Medical Attendant, or other Person who makes this Return	W. Gray Smith
Address,	Green st. below Franklin st.
Remarks,	

DEPARTMENT OF HEALTH BALTIMORE

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 94323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female.
2. Race or Color (if not of the white race) Wht.
3. Date of Birth May 29. 1887.
4. Place of Birth (Street and Number) NW No 314 N. Eutow St
5. Full Name of Mother, Mary B Pfeiffer
6. Mother's Maiden Name, " Bowersock
7. Mother's Birthplace, Baltimore Co Md.
8. Full Name of Father, Edward Pfeiffer.
9. Father's Occupation, Provision Merchant.
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson

Address, NW No 311 N. Charles St

Remarks, Retained placenta, removed by hand Hour gloss Contraction.

HEALTH DEPARTMENT, JUN 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, ... for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94324.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 29th 1887
4. *Place of Birth (Street and Number),* 78 Chesnut St
5. *Full Name of Mother,* Caroline Morton
6. *Mother's Maiden Name,* " Wilson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Daniel J Morton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Darkey her X mark Tarolais

Address,

Remarks, 144 Chesnut St

BALTH DEPARTMENT MAY 31 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeit

...ching Co., City Printers and Stationers.

RETURN OF A BIRTH 94.325.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 22, 1894

4. *Place of Birth, (Street and Number)* Cor. Baker and Stricker Sts.

5. *Full Name of Mother,* Elizabeth Mare

6. *Mother's Maiden Name,* A. Stickey

7. *Mother's Birthplace,* Balt. Co. Md.

8. *Full Name of Father,* Jacob Mare

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return. A. Edward Janney, M.D.

Address, 832 N. Eutaw St.

Remarks,

BALTIMORE MD. MAY 25

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines are now recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 29th 1887
4. *Place of Birth (Street and Number),* 930 Monument st
5. *Full Name of Mother,* Luise Niemister
6. *Mother's Maiden Name,* " " Collor
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Wiesemeister
9. *Father's Occupation,* Brick yard.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1944 Bank st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94327.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irvin Stevenson Clarke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 30th 1887
4. *Place of Birth (Street and Number),* 223 Fayette. st
5. *Full Name of Mother,* Lizzy ~~Stock~~ Clarke
6. *Mother's Maiden Name,* Buckner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John ~~Stock~~ Clarke
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1114 Bank st

Remarks, CERTIFICATE CORRECTED 5-14-54 L.M.

BALTIMORE CITY BOARD OF HEALTH

...of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Monday May 30th 1887

4. *Place of Birth, (Street and Number)* 1004 Valley St.

5. *Full Name of Mother,* Maggie Hartsock

6. *Mother's Maiden Name,* Maggie Fallon

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Mark Hartsock

9. *Father's Occupation,* Telegraph Operator) *Nativity* of Pennsylvania

10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D

Address, Chase St. & Fremont Place

Remarks, "

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94329.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30 1887
4. Place of Birth, (Street and Number) No 1424 Marshall Ave
5. Full Name of Mother, Mary Butz
6. Mother's Maiden Name, Mary Elliot
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Butz
9. Father's Occupation, Brickmaker
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517 Byrd st

Remarks.

HEALTH DEPARTMENT, JUN 4 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d*~~, *3d,* ~~*&c.*~~)

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~),
2. *Race or Color* (~~*if not of the*~~ *white race*),
3. *Date of Birth,* May 30th 187.
4. *Place of Birth (Street and Number),* 807 W Charles St.
5. *Full Name of Mother,* Bertha Rosenburg.
6. *Mother's Maiden Name,* Bertha Frank.
7. *Mother's Birthplace,* Baltimore City. Md.
8. *Full Name of Father,* Simon Rosenburg.
9. *Father's Occupation,* Banker.
10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Brown M.D.

Address, 662 W Lexington St.

Remarks,

HEALTH DEPARTMENT JUN 1 1897 BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94 331.

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 1 1887 BALTIMORE MD.

Mother (state whether 1st, 2d, 3d, &c.) 5

(Male or Female) Male

(if not of the white race) Colored

May 30. 1887.

(Street and Number) 814 Stockholm St.

Mother Lizzie Sedwick

Maiden Name Lizzie Other.

Birthplace Annapolis

Of Father Horace Sedwick

Occupation Carter

Birthplace Baltimore City

Medical Attendant, or other Person who makes this return Charity Mr Bouldin

808 Stockholm St

"

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 94332.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 30th 1887
4. Place of Birth (Street and Number) 207 Herring's Court
5. Full Name of Mother Mary Amelia Young Wellerly
6. Mother's Maiden Name " " "
7. Mother's Birthplace Dorchester Co Md.
8. Full Name of Father Train Wellerly
9. Father's Occupation Stevedore
10. Father's Birthplace Somerset Co Md.

Name of Medical Attendant, or other Person who makes this Return, W R Way M D

Address 414 S Patterson Park avenue

Remarks

HEALTH DEPARTMENT JUN 1 1887 BALTIMORE

of the parents, and the maiden name of the mother, or of the child or children

RETURN OF A BIRTH 94333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female),* Girl.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 30th of May 1887.
4. *Place of Birth (Street and Number),* 1813 East Pratt street.
5. *Full Name of Mother,* Lizzie Günter
6. *Mother's Maiden Name,* Lizzie Schröder
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Schröder.
9. *Father's Occupation,* Grocery Keeper.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel street per Justina Kunkel

Remarks, Healthy.

BUILDING DEPARTMENT, BALTIMORE, MD. JUN 7 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 943.34.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E

1. *Sex (state whether male or female),* Male

Race or Color (if not of the white race),

3. *Date of Birth,* May 30 1884

4. *Place of Birth (Street and Number),* 1066 Granby St.

5. *Full Name of Mother,* Elisabetha Stein

6. *Mother's Maiden Name,* Schneider

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Stein

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94335.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White race

3. *Date of Birth,* May the 30th

4. *Place of Birth (Street and Number),* Baltimore Hanover St No 153

5. *Full Name of Mother,* Emely Cook

6. *Mother's Maiden Name,* Homes

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* george E Cook

9. *Father's Occupation,* Clark

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Flatthorn

Address, light St No 1514

Remarks,

who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9 4336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Ehelich
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 30 1887.
4. *Place of Birth (Street and Number),*	111 Ray st.
5. *Full Name of Mother,*	Lena Mueller
6. *Mother's Maiden Name,*	Wagner
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	George Mueller
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 30. 1887
4. Place of Birth (Street and Number),	Cube St 163
5. Full Name of Mother,	Mary Eberling
6. Mother's Maiden Name,	Mary Gilbert
7. Mother's Birthplace,	Germ'd
8. Full Name of Father,	George Eberling
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Germa
Name of Medical Attendant, or other person who makes this Return,	Mrs Ebel
Address,	No 1619 Cube St
Remarks,	

JUN 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* May 30, 1887
4. *Place of Birth (Street and Number),* 617 Luzerne St.
5. *Full Name of Mother,* Mary Ann Yotis
6. *Mother's Maiden Name,* Mary Ann Bradford
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Yotis
9. *Father's Occupation,* Quarter-master
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

MAY 31 1887 BALTIMORE MD.

Who shall hereafter fail to comply with the provisions of this section, or shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May the 31 1887
4. *Place of Birth (Street and Number),* Pratt st No 1420
5. *Full Name of Mother,* teresa A Conaly
6. *Mother's Maiden Name,* teresa A Thurbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Conaly
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other person who makes this Return. Mrs S Sulley

Address, No 2022 Wilkinson

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 7 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94340)

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, may th 31 - 1887
4. Place of Birth, (Street and Number) No 2216 Cambridge st
5. Full Name of Mother, Gertie Caulk
6. Mother's Maiden Name, Mc Thana
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonidas Caulk
9. Father's Occupation, Seamon.
10. Father's Birthplace, St Michals Talbut County md
11. Name of Medical Attendant, or other Person who makes this Return Sarah P Harrington
12. Address. No 2235 Eastern avenue
13. Remarks.

JUN 7 1887 BALTIMORE CITY

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

94,341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 31st 1894

4. *Place of Birth (Street and Number),* # 516 E Madison st

5. *Full Name of Mother,* Florence Butler

6. *Mother's Maiden Name,* Florence Eglehart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* B. F. M. Butler

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* N. Jersey

Name of Medical Attendant, or other person who makes this Return. Mrs M. A. Cottell

Address, E. E. Montgomery st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 911342.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	May 31st 87
4. *Place of Birth, (Street and Number)*	1112 E. Monument St
5. *Full Name of Mother,*	Mary Quigley
6. *Mother's Maiden Name,*	Mary Yeung
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Emory Quigley
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Irving Miller M.D.
Address,	1207 East Monument St.
Remarks,	

DEPARTMENT OF HEALTH BALTIMORE

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

94343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race). White
3. Date of Birth, May 31. 1887
4. Place of Birth (Street and Number), Hull St No 1437.
5. Full Name of Mother, Sofey Stert
6. Mother's Maiden Name, Sofey Baehn
7. Mother's Birthplace, Balt
8. Full Name of Father, Michel Stert
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Miss Ettel

Address, No 1619 Cuba St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 31 May
4. *Place of Birth (Street and Number),* 811 Columbia Av
5. *Full Name of Mother,* Lilly Lybrand
6. *Mother's Maiden Name,* Lilly Mathews
7. *Mother's Birthplace,* Harpsberry Va
8. *Full Name of Father,* Christopher Lybern
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mr. Hunter

Address, old nomb 21 Nath Poppleton

Remarks, 6 monts Chile Lived 5 Days

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE M.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94,345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, 31th day of may
4. Place of Birth (Street and Number), 1271 S. Eutaw St. Balto
5. Full Name of Mother, Emma Bransbury
6. Mother's Maiden Name, Emma Stidman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Henry Bransbury
9. Father's Occupation, Can caper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange.

Address, 711 Cross St

Remarks,

JUN 3 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section, or if the subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, 31st May
4. Place of Birth (Street and Number), 244 S. Exeter st.
5. Full Name of Mother, Ellen Carney
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Carney
9. Father's Occupation, Labrour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall ... the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are re...

HEALTH DEPARTMENT, JUN 1 1900 BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 31 — 1887.
4. *Place of Birth (Street and Number),* 1832 Hanover st
5. *Full Name of Mother,* Barbara Wingert.
6. *Mother's Maiden Name,* Hoeffner
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Conrad Wingert.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife.

Address, 1032 Hanover st.

Remarks,

HEALTH DEPARTMENT, JUN 1 '87 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st May 1887
4. Place of Birth, (Street and Number) No 1427 Garrett ave
5. Full Name of Mother, Margarett Harvey
6. Mother's Maiden Name, Collins
7. Mother's Birthplace, Virginia
8. Full Name of Father, Zechariah Harvey
9. Father's Occupation, Laboren
10. Father's Birthplace, Anne Arundel Co MD

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH.

94349.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~) 3d

1. *Sex* (state whether Male ~~or Female~~) Male

2. *Race or Color* (~~if not~~ of the white race)

3. *Date of Birth* June 1—1887

4. *Place of Birth* (Street and Number) 2016 W. Pratt st

5. *Full Name of Mother* Mrs Annie Graham

6. *Mother's Maiden Name* " Scivington —

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Jno Edwd Graham

9. *Father's Occupation* Blacksmith

Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. C. C. McDowell M. D.

Address 1521 W. Fayette st

Remarks

of the parents, and the maiden name of the mother

RETURN OF A BIRTH 94350.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1 May, 1887
4. Place of Birth (Street and Number),	1605 Fenwick
5. Full Name of Mother,	Mary L. Williams
6. Mother's Maiden Name,	Childs
7. Mother's Birthplace,	Calvert Co., Md.
8. Full Name of Father,	Charles E. Williams
9. Father's Occupation,	Druggist
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Hood
Address,	1003 W. Fayette St.
Remarks,	

BOARD OF HEALTH JUN 1887 BALTIMORE MD.

...ions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...lishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 4-13-50

RETURN OF A BIRTH

94351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Rebecca M. De Shon

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday May 1st, 1887
4. Place of Birth, (Street and Number) 1115 N. Broadway
5. Full Name of Mother, Marion C. ~~Desohn~~ DeShon
6. Mother's Maiden Name, Marion Copes
7. Mother's Birthplace, Port Deposit, Cecil Co. Md.
8. Full Name of Father, James W. ~~Desohn~~ De Shon
9. Father's Occupation, Shirt Cutter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton. MD.

Address, Chase St. & Forrest Place,

Remarks,

HEALTH DEPARTMENT JUN 4 1887 BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 94352.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, May 1st. 1887

4. Place of Birth (Street and Number), 229 S Exeter st.

5. Full Name of Mother, Leba Stualetzsky

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Stualatzsky

9. Father's Occupation, Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94.352.

GIVEN NAME ADDED 7/12/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Minnie Holland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 12t. 1887
4. Place of Birth (Street and Number),	907 Durham St.
5. Full Name of Mother,	Emma Holland
6. Mother's Maiden Name,	Emma Bradie
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	Lew Holland
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address, 185 / 647	S.E. cor Central av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94354.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 1 Mar 1887
4. Place of Birth (Street and Number), 407 Duncan ally
5. Full Name of Mother, Barbara Dudek
6. Mother's Maiden Name, Barbara Sedlaka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos Dudek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 205 N Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94355.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st.
4. Place of Birth, (Street and Number) 906 Burgundy Alley
5. Full Name of Mother, Lassie Seaman.
6. Mother's Maiden Name, Miles
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Seaman.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. F. Alderdice

Address, N. E. Cor. Columbia & Fremont Ave.

Remarks,

HEALTH DEPARTMENT JUN 8 87 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, may 1st 1887

4. Place of Birth (Street and Number), 536 Lambert st

5. Full Name of Mother, mary Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, mary land

8. Full Name of Father, William Forrester

9. Father's Occupation, Porter

10. Father's Birthplace, mary land

Name of Medical Attendant, or other person who makes this Return. Hester Cotance

Address, 434 Wmmument st

Remarks,

HEALTH DEPARTMENT, MAY 30 1887, BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

GIVEN NAME ADDED 5-15-57

RETURN OF A BIRTH.

94357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Clara Myrtle Robertson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 2nd 1887

4. *Place of Birth (Street and Number)* 720 N. Arlington

5. *Full Name of Mother* Calana B. Robertson

6. *Mother's Maiden Name* Clara B Tabb

7. *Mother's Birthplace* Va

8. *Full Name of Father* Wm G. Robertson

9. *Father's Occupation* Insurance (Fire); Agent

10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Wm M Nickerson, M.D.

Address Arlington & Harlem Aves

Remarks

MAY 26 1887 BALTIMORE CITY HEALTH DEPARTMENT

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 94358.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2d 1887
4. Place of Birth, (Street and Number) 700 Cathedral
5. Full Name of Mother, Eugenia Rieves Whyte
6. Mother's Maiden Name, Eugenia Rieves Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Whyte
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return H. P. O. Wilson

Address. No. 814 Park Avenue

Remarks.

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE, MD.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (State whether male or female),	Mail
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May the 2 1891
4. Place of Birth (Street and Number),	E Chond st st 1224
5. Full Name of Mother,	Mary E Dickson
6. Mother's Maiden Name,	Mary E Boyd
7. Mother's Birthplace,	Washington
8. Full Name of Father,	george W Boyd
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss E Talley
Address,	2022 Wilkins Ave
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

Sex (state whether male or female), Male

Race or Color (if not of the white race), Colored

Date of Birth May 2nd 1887

Place of Birth (Street and Number), Druid Hill Ave

5. *Full Name of Mother,* Sarah E Davis

6. *Mother's Maiden Name,* Sarah E Davis

7. *Mother's Birthplace,* Snow Hill Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Moore

Address, 515 Orchard St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3d
4. Place of Birth, (Street and Number) 216 S. B. Way
5. Full Name of Mother, Fannie Cecile Herold
6. Mother's Maiden Name, Murdoch
7. Mother's Birthplace, City
8. Full Name of Father, George Herold
9. Father's Occupation, Paper hanger
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

BERGER & CO. PRINTERS JUN 7 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the p... subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and for...

...o., City Printers and Stationers.

RETURN OF A BIRTH 94362.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 3d 1887

4. Place of Birth (Street and Number), 410 Zand st.

5. Full Name of Mother, Kate Grauber

6. Mother's Maiden Name, " " Overdor.

7. Mother's Birthplace, City

8. Full Name of Father, George Grauber

9. Father's Occupation, Cooper

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz.

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94.363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race),

3. Date of Birth, May 9th 1881

4. Place of Birth (Street and Number), 404 Register st

5. Full Name of Mother, Kate Wisenhaver.

6. Mother's Maiden Name, " " Daps

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Wisenhaver

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Banket

Remarks,

HEALTH DEPARTMENT BALTIMORE COUNTY

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94364.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 3 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, May 3rd 1887

4. Place of Birth, (Street and Number) Maternité 115 W. Lombard St.

5. Full Name of Mother, Corohine Kien.

6. Mother's Maiden Name, D.V.

7. Mother's Birthplace, Germany.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, H. L. Hutto M.D.

Address, W 113 & 115 W. Lombard St

Remarks, Balto Md.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94365.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 3 Mai

4. Place of Birth, (Street and Number) St James cemetery Bell Air Rd

5. Full Name of Mother, Magie Roth

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Adam Roth

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 Eager street

Remarks,

HEALTH DEPARTMENT, JUN 3 1887, BALTIMORE MD.

Report [illegible] or persons who shall hereafter fail to comply with the provisions of this Return shall be subjected to the fine of [illegible] dollars for each offense to be recovered as other fines and forfeitures [illegible]

Co. City Printers and Stationers

RETURN OF A BIRTH 94366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* third

4. *Place of Birth (Street and Number),* 1125 Sharp St

5. *Full Name of Mother,* Alma Buck

6. *Mother's Maiden Name,* Alma Eliff

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Fredrick Buck.

9. *Father's Occupation,* Mechanic

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Kinsch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. Minor Co., City Printers and Stationers.

RETURN OF A BIRTH 94369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 3rd May

4. *Place of Birth (Street and Number),* 1221 Hollins St

5. *Full Name of Mother,* Fredricka Mary Geiss

6. *Mother's Maiden Name,* " " Ludwig

7. *Mother's Birthplace,* London

8. *Full Name of Father,* John Geiss

9. *Father's Occupation,* Car Driver

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, M D E Dumas ?

Remarks, 1721 W Lombard St

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White
3. Date of Birth, May 3rd 1887
4. Place of Birth (Street and Number), #926 N. Caroline St
5. Full Name of Mother, Carrie Hillegeist
6. Mother's Maiden Name, " Mc. Closkey.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Henry Hillegeist.
9. Father's Occupation, Engraver.
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Mrs. Leonard Hillegeist

Address, 1820 E. Monument St

Remarks, 1038 (New Number)

BALTIMORE CITY DEPARTMENT OF HEALTH

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH DEPARTMENT MAY 23 1887 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

3. *Date of Birth,* May 3/87

4. *Place of Birth, (Street and Number)* 600 Fremont

5. *Full Name of Mother,* Emma L. Rents.

6. *Mother's Maiden Name,* " Menchen

7. *Mother's Birthplace,* Md City

8. *Full Name of Father,* Jno F. Rents

9. *Father's Occupation,* Restaurantur

Father's Birthplace, Md City

Name of Medical Attendant, or other Person who makes this Return. Jno L. Blair

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94370.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 4th 1887.

4. *Place of Birth (Street and Number),* #1135 Valley St

5. *Full Name of Mother,* Martha ~~[illegible]~~ Gisriel

6. *Mother's Maiden Name,* " Cornehouse.

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Wm Gisriel

9. *Father's Occupation,* Brass Foundry

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1838 (New Number)

BALTH DEPARTMENT, MAY 27 1887, BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 4th 1887

4. Place of Birth, (Street and Number) 39 N. Eden St.

5. Full Name of Mother, Louisie Offley

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, City

8. Full Name of Father, Wm Penn Offley

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address, 1887 E. Balto. St.

Remarks,

HEALTH DEPARTMENT
JUN 22 1887

or persons who shall hereafter fail to comply with the provisions of this s... to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are rec...

Co., City Printers and Stationers.

RETURN OF A BIRTH 94372.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 4th May.

4. *Place of Birth (Street and Number),* 223 N. Fremont st.

5. *Full Name of Mother,* Miss A. Huber.

6. *Mother's Maiden Name,* " A Sperlein

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* G. P. Huber.

9. *Father's Occupation,* Clothing Cutter.

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. Annie Lindsell

Address, No 100 S. Monroe St.

Remarks,

who shall hereafter fail to comply with the provisions for each offence, to be recovered as other fines and

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) female

Race or Color, (if not of the white race) 0

3. Date of Birth, 4 May

4. Place of Birth, (Street and Number) Gai Street 8.

5. Full Name of Mother, Marie Therese Louisa Behrens

6. Mother's Maiden Name, Marie Louise Roque

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, John Behrens

9. Father's Occupation, Law Conveyancer

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager street

Remarks,

HEALTH DEPARTMENT, JUN 3 '87, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are

o., City Printers and Stationers.

RETURN OF A BIRTH 94374.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1887.
4. *Place of Birth, (Street and Number)* 1212. McElderry St. City
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Rinker
7. *Mother's Birthplace,* Shenandoah Co: Va:
8. *Full Name of Father,* Syrene Eutrophius Hauseuflack
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* Shenandoah Co: Va:

Name of Medical Attendant, or other Person who makes this Return. Letitia Sloane

Address, 1212. McElderry St. City

Remarks,

HEALTH DEPARTMENT MAY 31 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 94375.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 4th 1887

4. *Place of Birth (Street and Number),* #825 Encor St.

5. *Full Name of Mother,* Helen Kuntzmann.

6. *Mother's Maiden Name,* " Slaysman.

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* August Kuntzmann.

9. *Father's Occupation,* Cabinet Maker.

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Hena Hillegust

Address, #182 E. Monument St.

Remarks, 1038 (New Number.)

HEALTH DEPARTMENT MAY 27 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94376.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ellen Chenoweth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* May 2 1887
4. *Place of Birth (Street and Number),* 539 Robert St
5. *Full Name of Mother,* M Louisa Chenoweth
6. *Mother's Maiden Name,* " " Hobbs
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Harry M Chenoweth
9. *Father's Occupation,* Clerk N C R R
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. G Lane Tanyhill

Address, 922 Madison ave

Remarks, GIVEN NAME ADDED. 10-16-53 L M.

HEALTH DEPT. JUN 8 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this Return, and any such person or persons for each offence, to be recovered as other fines and arrears are recoverable.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 5th 1887
4. *Place of Birth (Street and Number),* 408 N Gay St
5. *Full Name of Mother,* Hannah E. Ely
6. *Mother's Maiden Name,* " " Stocksdale
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel S. Ely
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St

Remarks,

MAY 31 1887 BALTIMORE MD

the Commissioner of Health, in the manner [illegible] who shall hereafter fail to comply with the [illegible] of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and [illegible] are recovered.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 94.378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 5 1887
4. *Place of Birth (Street and Number),* 310 S. Exeter St.
5. *Full Name of Mother,* Justina Vera Rose
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Joseph Vera
8. *Full Name of Father,* Cooper
9. *Father's Occupation,* Portugal
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 91379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 5 - 1887

4. *Place of Birth (Street and Number),* 1137 Granby St.

5. *Full Name of Mother,* Ellen Gray Roehrich

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Roehrich

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Fratt. St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers

RETURN OF A BIRTH 94380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	4 Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 5th 1887
4. *Place of Birth (Street and Number),*	No 1310 Mahoney St.
5. *Full Name of Mother,*	Annie Mc Weidner
6. *Mother's Maiden Name,*	" " " Ries
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W. Weidner
9. *Father's Occupation,*	Kohlster
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 E. Monroe St.
Remarks,	

who shall hereafter fail to comply with the provisions
for each offence, to be recovered as other fines

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 91381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Wht.

3. Date of Birth, May 5th

4. Place of Birth (Street and Number), 6 or 8 Forrest st & Belair. Market-

5. Full Name of Mother, Pauline Shefska

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Shefska

9. Father's Occupation, Carpenter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 122 S Exeter st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 10-9-57

RETURN OF A BIRTH

94382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Clara Burke

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 5th 87

4. Place of Birth, (Street and Number) 353 Woodyear st

5. Full Name of Mother, Almira (Burke) Burke

6. Mother's Maiden Name, " Norwood

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Thomas W (Burke) Burke

9. Father's Occupation, Painter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. M J Lehan

Address, 1325 Ramsay st Balto

Remarks, five child

HEALTH DEPARTMENT JUN 4 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94383,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the eleventh child

1. *Sex (state whether male or female),* it is male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* born on the 3rd of May

4. *Place of Birth (Street and Number),* No. 902 Potomac Sts

5. *Full Name of Mother,* Anna Lachman

6. *Mother's Maiden Name,* Anna Ebert

7. *Mother's Birthplace,* Gerysheim Baiern.

8. *Full Name of Father.* Andreas Lachman

9. *Father's Occupation,* Labourmann

10. *Father's Birthplace,* Hessendarmstadt.

Name of Medical Attendant, or other person who makes this Return. Pauline Liesemann

Address, 1225 Hare Street

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94384.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, May 5th 1887
4. Place of Birth (Street and Number), Aisquith St. No 1212
5. Full Name of Mother, Flora Miller
6. Mother's Maiden Name, Flora Tracy
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Miller
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether male ~~or female~~),
2. Race or Color (if not of the white race), White
3. Date of Birth, May 5th 1887
4. Place of Birth (Street and Number), E. Fayette St. No. 1828
5. Full Name of Mother, Kate Bruns
6. Mother's Maiden Name, Kate Wiegand
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Bruns
9. Father's Occupation, Carpenter
10. Father's Birthplace, Oldenburg, Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 114

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE

Publishing Co., City Printers and Stationers.

[redacted]

RETURN OF A BIRTH 94386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* May 6th 1887.
4. *Place of Birth, (Street and Number)* Maternite 115 W Lowboard St
5. *Full Name of Mother,* Martha Fritch.
6. *Mother's Maiden Name,* 50.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return, H. L. Hertz

Address, 113 Ed 115 W Lowboard St

Remarks, Baltimore Md.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, BALTIMORE, MD.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 94387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. *Sex (state whether male or female),* Twins both female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 6th May
4. *Place of Birth (Street and Number),* North Front St 1024.
5. *Full Name of Mother,* Maggie Castalloe
6. *Mother's Maiden Name,* Maggie Hanner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Castalloe
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Zink Midwife

Address, No 521 North Exeter St.

Remarks,

HEALTH DEPARTMENT JUN 1887 BALTIMORE MD

Publishing Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 94387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. Sex (state whether male or female), twins both female
2. Race or Color (if not of the white race), white
3. Date of Birth, 6th May
4. Place of Birth (Street and Number), North Front St 1024.
5. Full Name of Mother, Maggie Castalloe
6. Mother's Maiden Name, Maggie Hannen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Castalloe
9. Father's Occupation,
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Zink Midwife

Address, No 521 North Exeter St.

Remarks,

BALTIMORE HEALTH DEPARTMENT JUN 1 1887 BALTIMORE MD

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, May 6th 1887

4. Place of Birth (Street and Number), No 1108 Parish Alley

5. Full Name of Mother, Ellen Plater

6. Mother's Maiden Name, Ellen Eldwood

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Stepen Plater

9. Father's Occupation, Hod Carrier

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 11

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 6th May 1887
4. Place of Birth, (Street and Number) 816 William St
5. Full Name of Mother, Sadia Daneker
6. Mother's Maiden Name. Baigus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Daneker
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

report its birth to the Commissioner of Health, in the manner [illegible] the period above required, and [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine [illegible] for each offense to be recovered as other unes and forfeitures are recoverable [illegible]

BRITISH JUN 1 1887 BALTIMORE

A Co., City Printers and Stationers.

RETURN OF A BIRTH 94390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 6 May

4. *Place of Birth, (Street and Number)* 1207 Wolf street

5. *Full Name of Mother,* Anna E. Forrest

6. *Mother's Maiden Name,* Knight

7. *Mother's Birthplace,* Balt. city

8. *Full Name of Father,* Charles W. Forrest

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Balt. city

Name of Medical Attendant, or other Person who makes this Return. Anna Waller

Address, 1249 E. Eager street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH 94391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	May 6th 1887
4. Place of Birth (Street and Number),	1145. S. Sharp st
5. Full Name of Mother,	Mary Ann Dreisch
6. Mother's Maiden Name,	Mary Ann Hoeslein
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Jos. M. Dreisch
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Katie Spunch
Address,	800 Hadenhall St.
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 6th 1887.
4. *Place of Birth (Street and Number),* #829 N. Front St.
5. *Full Name of Mother,* Lizzie Terriel
6. *Mother's Maiden Name,* " Burnes.
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* Thomas Terriel.
9. *Father's Occupation,* Leather Finisher.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E. Monument St.

Remarks, 1038 (New Number)

HEALTH DEPARTMENT, MAY 17 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	May 7 — 87
4. *Place of Birth (Street and Number),*	819 N. Wolfe St
5. *Full Name of Mother,*	Flora. Green.
6. *Mother's Maiden Name,*	" Lee
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Robt L. Green
9. *Father's Occupation,*	Teamster
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McElDonough St
Remarks,	

MAY 21

the Commissioner of Health, in the manner and within the period above mentioned, shall be fined, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

Missing #94394 - #94399,
incl.

94400

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, May 18th 1881
4. Place of Birth (Street and Number), 1915 Fayette st
5. Full Name of Mother, Rosy Fotzmiller
6. Mother's Maiden Name, " " France
7. Mother's Birthplace, City
8. Full Name of Father, Christ Fotzmiller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT JUN 2 1881 BALTIMORE, MD

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* May 7th 1887
4. *Place of Birth (Street and Number),* 3/4 Hamburg St
5. *Full Name of Mother,* Tenie Bivins
6. *Mother's Maiden Name,* — — —
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thos. Mitchell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Angiline Wilson

Address, 3/4 S. Howard St

Remarks,

HEALTH DEPARTMENT, JUN 9 1887, BALTIMORE, MD.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this Return, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94402.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7"

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, May 8"

Place of Birth, (Street and Number) 808 S. Paca St.

Full Name of Mother, Matilda Martin

Mother's Maiden Name, McCadden

Mother's Birthplace, Ireland

Full Name of Father, John Martin,

Father's Occupation, Saloon-Keeper

Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N. E. Cor. Columbia & Fremont Ave.

Remarks,

HEALTH DEPARTMENT, JUN 7 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 8 — 1887

4. Place of Birth (Street and Number), 206 S. Caroline St.

5. Full Name of Mother, Auguste Bunaker

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Kasper Bunaker

9. Father's Occupation, Floor-Layer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT JUN 2 BALTIMORE MD.

...the duty of the person or parents of such child to report its birth to ...within the period above required, and any such person or persons ...sions of this section shall be subjected to the fine of ten (10) dollars ...forfeitures are recoverable.

... Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94404.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1: Sex (state whether male or female), Boy

2. Race or Color (if not of the white race), White

3. Date of Birth, Geboren den 8ten June

4. Place of Birth (Street and Number), No 707. Pott Alle

5. Full Name of Mother, Anne Peringer

6. Mother's Maiden Name, Anne Zibbrig

7. Mother's Birthplace, Germania

8. Full Name of Father, Anders Peringer

9. Father's Occupation, Labor

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, No 517. S. Dallas Str

Remarks, Hebamme

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] forfeitures are [illegible] able.

JUN 9 1887
BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94405.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May then 8.
4. *Place of Birth (Street and Number),* 204 Henrietta stredt
5. *Full Name of Mother,* Ida Helene Groschel Kretschmar.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germani
8. *Full Name of Father,* Gustav Rodolph Groschel
9. *Father's Occupation,* Pianomaker
10. *Father's Birthplace,* Germani

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publication Co., City Printers and Stationers.

RETURN OF A BIRTH 94406.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 8th April 1887
4. *Place of Birth (Street and Number),* 617 Columbia av
5. *Full Name of Mother,* Mamie Joyce
6. *Mother's Maiden Name,* Glenn
7. *Mother's Birthplace,* Ball
8. *Full Name of Father,* Richard H. Joyce
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other person who makes this Return. H M Webster M.D

Address, 106 Barnell

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 94407.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 8th 1887.
4. *Place of Birth (Street and Number),* #1038 N. Dallas St
5. *Full Name of Mother,* Eva S. Whead
6. *Mother's Maiden Name,* " Schaub.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Whead.
9. *Father's Occupation,* Bricklayer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St.

Remarks, 1038 (New Number)

HEALTH DEPARTMENT, MAY 27 1887, BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94408.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 8 – 87
4. *Place of Birth (Street and Number),* 909 N Ann St
5. *Full Name of Mother,* Sarah E. Shaffer
6. *Mother's Maiden Name,* " " Sherisall
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm J Shaffer
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 10 1887 BALTIMORE

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	May 8th 1887
4. *Place of Birth (Street and Number),*	No 1134 Vincent Alley
5. *Full Name of Mother,*	Katie Council
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Robert Council
9. *Father's Occupation,*	Stock Carrier
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	
Remarks,	

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 8 of May
4. Place of Birth (Street and Number), 1823 Calverton road
5. Full Name of Mother, George T
6. Mother's Maiden Name, Georgi Gramer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Tomes
9. Father's Occupation, Molder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M v E Dumas

Address, 1927 W Lombard St

Remarks,

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94411.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 9th. 1887
4. Place of Birth (Street and Number),	1012 McElderry St.
5. Full Name of Mother,	Mary Halem
6. Mother's Maiden Name,	Mary Gale
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Hary Halem
9. Father's Occupation,	Harnessmaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Burk.
Address,	1047 S.E. cor Central av. & Monument St.
Remarks,	All Well

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 9th May 1887
4. Place of Birth (Street and Number), 712 West Baltimore MD
5. Full Name of Mother, Sarah A McMenamen
6. Mother's Maiden Name, Sarah A Reeside
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, William McMenamen
9. Father's Occupation, store Keeper
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return. Mrs Bing

Address, 711 Cross St

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE, MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether male or female),	Female,
2. Race or Color (if not of the white race),	Race white,
3. Date of Birth,	May 9th,
4. Place of Birth (Street and Number),	Baltimore Street, 617,
5. Full Name of Mother,	Rose E Gerhard,
6. Mother's Maiden Name,	Rose E Ziegler,
7. Mother's Birthplace,	Baltimore Md,
8. Full Name of Father,	Charles Gerhard,
9. Father's Occupation,	Traveling Agent,
10. Father's Birthplace,	Philadelphia,
Name of Medical Attendant, or other person who makes this Return.	Mrs W. Mannel Midwife
Address,	#625 Saratoga sts.
Remarks,	

RECEIVED MAY 21 1894 REGISTER DEPARTMENT OF HEALTH BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1414.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 10-87
4. Place of Birth (Street and Number),	1016 W. Fayette St
5. Full Name of Mother,	Maggie H. Simonds
6. Mother's Maiden Name,	" Keerling
7. Mother's Birthplace,	Delaware
8. Full Name of Father,	James M. Simonds
9. Father's Occupation,	Pressman
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 20 1887

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 10th
4. *Place of Birth (Street and Number),* 553 Orchard st
5. *Full Name of Mother,* May Matheus
6. *Mother's Maiden Name,* " " Lincon
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* William Matheus
9. *Father's Occupation,* Dreyman
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson st

Remarks,

MAY 31 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and ... who shall hereafter fail to comply with the provisions of this section ... for each offence, to be recovered as other fines ...

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 94416.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 24 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 10th. 1887
4. Place of Birth (Street and Number),	1111 Low St.
5. Full Name of Mother,	Lizzie Bohn
6. Mother's Maiden Name,	" Benzel
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charlie Bohn
9. Father's Occupation,	was. Watchman at Adams Express
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	647 S.E. cor Centrel av. & Monument
Address,	M. A Butt
Remarks,	All Well

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 5-6-52

RETURN OF ~~A BIRTH~~ 94417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel Katharine Boyd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 10 of May, 1887
4. Place of Birth (Street and Number), 1925 Christian St
5. Full Name of Mother, Nannie Boyd
6. Mother's Maiden Name, Anne Spellsman
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Boyd
9. Father's Occupation, Carpenter
10. Father's Birthplace, Prince geage County

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 1927 W Lombard St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

EARTH DEPARTMENT, MAY 17 1887 BALTIMORE MD.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 94418.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 10th
4. *Place of Birth (Street and Number),* Harford Avenue
5. *Full Name of Mother,* Martha E. Callaghan
6. *Mother's Maiden Name,* Martha E. Manley
7. *Mother's Birthplace,* Mt. Savage Allegany County Md
8. *Full Name of Father,* John J. Callughan
9. *Father's Occupation,* Patternmaker
10. *Father's Birthplace,* Mt. Savage Allegany County Md.

Name of Medical Attendant, or other person who makes this Return. Florentina Gutberlet

Address, No. 1504 Aisquitt St.

Remarks,

the Commissioner of Health, in the manner and [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUN 3 1887

BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94419.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May the 10th

4. *Place of Birth (Street and Number),* 330 west Pratt Street

5. *Full Name of Mother,* Matilda Schafner

6. *Mother's Maiden Name,* matilda Teinfenheim

7. *Mother's Birthplace,* Germaney

8. *Full Name of Father,* Henry Adam Schafner

9. *Father's Occupation,* Cementer

10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return. Katie Mauncle

Address, 900 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD. 1907

Bohlen Co., City Printers and Stationers.

RETURN OF A BIRTH

94420.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6th 1887

4. Place of Birth, (Street and Number) 204 N Stricker St

5. Full Name of Mother, Carrie S. Sledge

6. Mother's Maiden Name, Carrie S. Austin

7. Mother's Birthplace, Talbot Co Md

8. Full Name of Father, Robt. Lee Sledge

9. Father's Occupation, Merchant

10. Father's Birthplace, Warrington N.C.

Name of Medical Attendant, or other Person who makes this Return. Dr L E Neale

Address, Cor Monument & Eutaw Sts

Remarks, — " — NU

HEALTH DEPARTMENT JUN 10 1887 BALTIMORE CITY

Co., City Printers and Stationers.

RETURN OF A BIRTH. 94421.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* May 6, 1895

4. *Place of Birth, (Street and Number)* 826 St Ann St

5. *Full Name of Mother,* Helen M. Buckley

6. *Mother's Maiden Name,* " " Davis

7. *Mother's Birthplace,* Harford Co.

8. *Full Name of Father,* Wm L. Buckley

9. *Father's Occupation,* Collector

10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. W W White M.D.

Address, 1101 E Broadway

Remarks,

JUN 10 1897 BALTIMORE CITY

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 9 1 1 22.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	7 May
4. Place of Birth (Street and Number),	102 Plum alley
5. Full Name of Mother,	Gracie White
6. Mother's Maiden Name,	Grace Lawrence
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jessie White
9. Father's Occupation,	Stevidore
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	314 S. Howard St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recovered.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94423.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 1887
4. *Place of Birth, (Street and Number)* 1828 Madison St
5. *Full Name of Mother,* Lollie Vogeler
6. *Mother's Maiden Name,* Lollie Grau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerome Vogeler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Mittenberger

Address, 379 W. Monument St

Remarks,

BEALTH DEPARTMENT, JUN 10 1887 BALTIMORE

Report its birth to the Commissioner of Health, in the [illegible] above required, and any such person or persons who shall hereafter fail to comply with [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines [illegible]

Co., City Printers and Stationers.

RETURN OF A BIRTH 9411 14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	May 10th 1887
4. Place of Birth (Street and Number),	302 Cross Street
5. Full Name of Mother,	Jennie Chambers
6. Mother's Maiden Name,	Jennie Smith
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Perry Chambers
9. Father's Occupation,	draftsman
10. Father's Birthplace,	Chestertown Md
Name of Medical Attendant, or other person who makes this Return.	Angilina Wilson
Address,	314 S. Howard st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

94425

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

#94425#

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 10th 1887
4. Place of Birth (Street and Number), 1407 Eastern Ave
5. Full Name of Mother, Sadie Vaugberth
6. Mother's Maiden Name, " " Stimb
7. Mother's Birthplace, City
8. Full Name of Father, Charles Vaugberth
9. Father's Occupation, Beer saloon
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1704 Bank st

Remarks,

HEALTH DEPARTMENT JUN 9 1887 BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recovered, and be subjected to the fine of ten (10) dollars

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94426.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10/87
4. Place of Birth, (Street and Number) 10 Hill St
5. Full Name of Mother, Ettle Bernstein
6. Mother's Maiden Name, Ettle Stalove
7. Mother's Birthplace, Russa
8. Full Name of Father, Israel Bernstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 87 Sharp St

Remarks, —

HEALTH DEPARTMENT, MAY 26 1888 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race). Colord

3. Date of Birth, May 11th 1887

4. Place of Birth (Street and Number), 1011 West Street

5. Full Name of Mother, Lillie Glover

6. Mother's Maiden Name, Lillie Griffin

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Alfred Glover

9. Father's Occupation, Arab,

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 3/4 S. Howard St

Remarks,

HEALTH DEPARTMENT JUN 9 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 11th 1887
4. Place of Birth (Street and Number),	2408 Jefferson St.
5. Full Name of Mother,	Caroline Tickleman
6. Mother's Maiden Name,	" Langly
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Tickleman
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt
Address,	647 S.E. cor Central av. & Monument St,
Remarks,	All Well

HEALTH DEPARTMENT BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
Sex, (state whether male or female)	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Wednesday ~~April~~ May 11th 1887
4. *Place of Birth, (Street and Number)*	423 S Exeter St.
5. *Full Name of Mother,*	May E. Shaw
6. *Mother's Maiden Name,*	Mary E. Garret
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Gillis J Shaw,
9. *Father's Occupation,*	Flour Dealer
Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Shaw St & Fremont Place
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 9111 30.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 11- 1887
4. Place of Birth (Street and Number),	No 1931 Fairmount Ave
5. Full Name of Mother,	Carrie Moore
6. Mother's Maiden Name,	" Trautwein
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Thos. Wm Moore
9. Father's Occupation,	Can maker
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 12th 1881
4. Place of Birth (Street and Number), 404 Wolf st
5. Full Name of Mother, Sulda Fitzberger.
6. Mother's Maiden Name, " " Kiltz
7. Mother's Birthplace, City
8. Full Name of Father, George Fitzberger
9. Father's Occupation, Barber
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizy Betz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94432.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

3. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 12th 1887

4. Place of Birth (Street and Number) 1429 Park Avenue

5. Full Name of Mother Mary Kelso Millikin

6. Mother's Maiden Name Mary Kelso Carter

7. Mother's Birthplace Baltimore

8. Full Name of Father P. Bryson Millikin

9 Father's Occupation Whip Manufacturer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John Dickson M. D.

Address 1018 Madison Ave

Remarks

HEALTH DEPARTMENT, MAY 21 1887 BALTIMORE CITY

RETURN OF A BIRTH 94433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 12th 1887

4. Place of Birth, (Street and Number) Maternite 115 W Lombard St

5. Full Name of Mother, Clara Talbott (Col)

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. H. L. Hutto

Address, 113 and 115 W Lombard Street

Remarks, City

HEALTH DEPARTMENT JUN 3 1887 BALTIMORE MD

... the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94434.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) ~~girl~~ Cap

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 May

4. Place of Birth, (Street and Number) 1305 Eager street

5. Full Name of Mother, Anna Dommler

6. Mother's Maiden Name, = Raiter

7. Mother's Birthplace, Jorch Penna.

8. Full Name of Father, Georges Dommler

9. Father's Occupation, schoemacher

10. Father's Birthplace, Bergnesreith Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1247 Eager street

Remarks,

HEALTH DEPARTMENT JUN 3 1900 BALTIMORE, MD

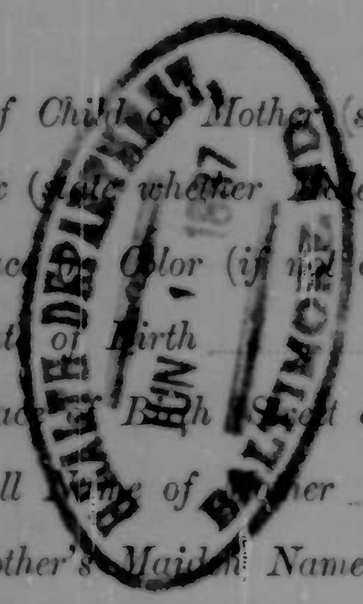
for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH. 914435.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* May 12th 1887

4. *Place of Birth* (Street and Number) S. W. Cor. Central Ave. & Preston St.

5. *Full Name of Father* Emelia Nordmann

6. *Mother's Maiden Name* Emelia Faber

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Herman Nordmann

9. *Father's Occupation* Druggist

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 1301 N. Central Ave.

Remarks

Of the parents, and the maiden name of the mother.

RETURN OF A BIRTH 94436.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May the 12 1887
4. *Place of Birth (Street and Number),* Calhoun st No 225
5. *Full Name of Mother,* Mary E Lar
6. *Mother's Maiden Name,* Mary E Price
7. *Mother's Birthplace,* Manmanns Co MS
8. *Full Name of Father,* Richard S Lar
9. *Father's Occupation,* Polear officer
10. *Father's Birthplace,* Richmond

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins ave

Remarks,

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] able.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 May
4. Place of Birth, (Street and Number) 1410 Antony street
5. Full Name of Mother, Magie Robel
6. Mother's Maiden Name, = Muller
7. Mother's Birthplace, Balt. city
8. Full Name of Father, Wilhelm Robel
9. Father's Occupation, pictures framer
10. Father's Birthplace, Balt. Heity

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 Eager street

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

94438.

(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name – Martin Stern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, May 12th 1887
4. Place of Birth (Street and Number), 577 N Gay st.
5. Full Name of Mother, Mary Stern
6. Mother's Maiden Name, " Cohen
7. Mother's Birthplace, Johnstown, Pa
8. Full Name of Father, Samuel H. Stern
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto
11. Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt
12. Address, 208 Aisquith st
13. Remarks,

MAY 31 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the [illegible] of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] forfeitures are recoverable.

[illegible]lishing Co., City Printers and Stationers

RETURN OF A BIRTH 9444.39.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 12th 1887.
4. *Place of Birth (Street and Number),* N. Bond St. (205)
5. *Full Name of Mother,* Mary Malony
6. *Mother's Maiden Name,* Mary Rodgers
7. *Mother's Birthplace,* Baltimor City
8. *Full Name of Father,* Michael Malony
9. *Father's Occupation,* Sanitary Detecive
10. *Father's Birthplace,* Washington City D. C.

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, 1 Dallas St. No. 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

BALTIMORE MD

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, May 12th 1887

4. Place of Birth (Street and Number), #71 McElderry St.

5. Full Name of Mother, Mary Zimmerman.

6. Mother's Maiden Name, " Schonthaler.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wm Zimmerman.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St.

Remarks, 1038 (New Number)

BALTIMORE CITY DEPARTMENT MAY 2 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94441.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 7 87 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, May 13th 1887

4. Place of Birth (Street and Number), 500 Ann st.

5. Full Name of Mother, State Sweeny

6. Mother's Maiden Name, " " Cohrl.

7. Mother's Birthplace, City

8. Full Name of Father, Max Sweeny

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizy Retz

Address, 1744 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex (~~state whether male or~~ female),

2. Race or Color (~~if not~~ of the white race),

3. Date of Birth, May 13th 1887

4. Place of Birth (Street and Number), 1806 Bolton St

5. Full Name of Mother, Elizabeth Parkhurst Bull

6. Mother's Maiden Name, Parkhurst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benj. Harrison Bull

9. Father's Occupation, Salesman

Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks, Baby's name, Marie Louise Bull

Who shall neglect or refuse to comply with the provisions of this Section shall be subjected to the use of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Hubbins Co., City Printers and Stationers

RETURN OF A BIRTH 9444 43.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3c

Sex, (state whether male or female) Male

Race or Color (if not of the white race) White

Residence of Birth, 1622 W Lombard St

Place of Birth, (Street and Number) May 13th 1887

Full Name of Mother, Sarah Snyder

Mother's Maiden Name, Sarah Bell

Mother's Birthplace, Va. Va

Full Name of Father, Melvin Snyder

Father's Occupation, Merchant

Father's Birthplace, Md to

Name of Medical Attendant, or other Person who makes this Return. Dr Veale

Address, Cor Monument & Eutaw Sts

Remarks,

or persons who shall hereafter fail to comply with the provi... for each offence to be recovered as other fines and forfeitu...

...o., City Printers and Stationers.

RETURN OF A BIRTH 94444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth.

Sex (state whether male or female), female.

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 13th of May 1887

4. *Place of Birth (Street and Number),* 1106 [illegible]

5. *Full Name of Mother,* Louisa [illegible]

6. *Mother's Maiden Name,* Louisa [illegible]

[illegible] DEPARTMENT, [illegible] BALTIMORE MD.

RETURN OF A BIRTH 94164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth.

Sex (state whether male or female), female.

2. Race or Color (if not of the white race),

3. Date of Birth, 13th of May 1887

4. Place of Birth (Street and Number), 1101 Eastern Ave.

5. Full Name of Mother, Louisa Belz

6. Mother's Maiden Name, Louisa Fitz

7. Mother's Birthplace, America

8. Full Name of Father, William Belz

9. Father's Occupation, Milk Business

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Ellis Hurst

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT OF BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

Missing #94445 – #94452, incl.

Orig!

OF A BIRTH 94453.

Statistics, Board of Health, Baltimore City.

2d, 3d, &c.) 5th

male

white

14 May 1887

W. Lexington Street 313

Johanna Hering

Johanna Goering

Naumburg. Pausa

August Hering

teacher

Kroesen. Germany

her Person who
s this Return. Dr F Reinhard

720 N Howard Street

ull name of child: William Hering

RETURN OF A BIRTH

94454
94454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

3. Date of Birth, May 13 1897

4. Place of Birth, (Street and Number) 1026 E [illegible]

5. Full Name of Mother, Margaret Hartigan,

6. Mother's Maiden Name, Margaret Donovan,

7. Mother's Birthplace, Boston

8. Full Name of Father, Edward M. Hartigan,

9. Father's Occupation, Stereotyper,

10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds M

Address, 11 N Calvert St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the peri[illegible] and any such p[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall [illegible] ten (10) dolla[illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

9. Father's Occupation, Stereotyper,

10. Father's Birthplace, New York City

Name of Medical Attendant, or other Person who makes this Return. Geo B Lumpkin M

Address, 44 E Calvert St

Remarks,

RETURN OF A BIRTH 944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 May 1887
4. *Place of Birth (Street and Number),* 534 Jones court
5. *Full Name of Mother,* Mary Klima
6. *Mother's Maiden Name,* Mary Harvak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Klima
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kaptis

Address, 507 N Washington St

Remarks,

BALTIMORE MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED DEPUTY REGISTRAR JUN 4 1887 BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 15th. 1887
4. Place of Birth (Street and Number),	1308 Centre av.
5. Full Name of Mother,	Ella Lang
6. Mother's Maiden Name,	Ella Ross
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edward Lang.
9. Father's Occupation,	Litho ~~Lather~~ Grapher
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. N. Butt
Address,	647 S.E. cor Centre av & Monument St.
Remarks,	All Well

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 May ~~Kof~~ 1887
4. *Place of Birth (Street and Number),* 407 N Dimmer alley
5. *Full Name of Mother,* Mary Kakachek
6. *Mother's Maiden Name,* Mary Wahota
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Kakachek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kotetis

Address, 509 N Washington St

Remarks,

mother, immediately thereafter it shall become the duty of the person or other person be in attendance upon the the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as [illegible] forfeitures are recoverable.

BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94458 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Marie Hynek

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), (Male) Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 15 May 1887
4. Place of Birth (Street and Number), 1001 Dallas st
5. Full Name of Mother, Mary Hynek
6. Mother's Maiden Name, Mary (Rachek) Prazak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Vaclav Hynek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N Washington st

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE, MD.

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 May 1887
4. *Place of Birth (Street and Number),* 707 Schroeder St
5. *Full Name of Mother,* Magdalin Kamir
6. *Mother's Maiden Name,* Magdalin Zeman
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Michael Kamir
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hofstie

Address, 509 N Washington

Remarks,

of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are by law recoverable.

DEPARTMENT OF HEALTH BALTIMORE JUN 2

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 May 1887
4. *Place of Birth (Street and Number),* 55 Eager St
5. *Full Name of Mother,* Mary Stajka
6. *Mother's Maiden Name,* Mary Kolia
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Stajka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostic

Address, 507 N Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(94461)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 15th 1881

4. *Place of Birth. (Street and Number)* No 1457 Carroll st

5. *Full Name of Mother,* Elizebth Thompson

6. *Mother's Maiden Name,* Elizebth Woods

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* William Thompson

9. *Father's Occupation,* Brick Maker

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return Mary E. Bentley

Address, 929 South Paca st

Remarks, Child living

RECEIVED JUN 8 1881 REGISTRAR OF VITAL STATISTICS BALTIMORE

within the period above required, except in cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, as well as other penalties and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9#1462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* March 7th 1858
4. *Place of Birth (Street and Number),* 1312 Fulton Ave
5. *Full Name of Mother,* Louise Baer
6. *Mother's Maiden Name,* Luise Rusmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Baer
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Evans

Address, No 1600 N Eutaw & Fulton Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (94463)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Clard
3. Date of Birth 15 may
4. Place of Birth, (Street and Number) Mount goemery St
5. Full Name of Mother, henreleter hutt
6. Mother's Maiden Name, henerater weeks
7. Mother's Birthplace, Eston Show md
8. Full Name of Father, William H Smith
9. Father's Occupation, Brick maker
10. Father's Birthplace, Baltimore henerater St
11. Name of Medical Attendant, or other Person who makes this Return Amnia Johnson

Address, 380 Cross St William H Smit

Remarks,

HEALTH DEPARTMENT, JUN 2 1898, BALTIMORE, MD.

...ary of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94464.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 15th 1887
4. *Place of Birth, (Street and Number)* 626 Chesnut Alley
5. *Full Name of Mother,* Mary Roth
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. Mrs A Messenger

Address, 607 Mosher St

Remarks,

BALTIMORE CITY
JUN 13 1887
HEALTH DEPARTMENT

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

Orig

RETURN OF A BIRTH 94465.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Beckie ~~Cohen~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 3rd

1. Sex (state whether male or female), Female ~~+ Male~~

2. Race or Color (if not of the white race), Whit.

3. Date of Birth, May 15th

4. Place of Birth (Street and Number), 360 N. Gay st.

5. Full Name of Mother, Emma (Cohen) Cohen

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Wolf (Cohen) Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Bernstein

Address, 122 S Exeter st.

Remarks,

JUN 4 1907

BALTIMORE MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 15th 1887
4. Place of Birth (Street and Number), 15.06 Lumbard st.
5. Full Name of Mother, Lizzy Kelmner
6. Mother's Maiden Name, " " Tomas
7. Mother's Birthplace, City
8. Full Name of Father, George Kelmner
9. Father's Occupation, Cigar maker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1244 Bank st

Remarks,

HEALTH DEPARTMENT JUN 3 1887 BALTIMORE CITY

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94467.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 15-87

4. Place of Birth (Street and Number), 1805 E Madison St

5. Full Name of Mother, Julia E. Meddinger

6. Mother's Maiden Name, " " Manugold

7. Mother's Birthplace, Bremen

8. Full Name of Father, Harry W. Meddinger

9. Father's Occupation, Can Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 30 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94468.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16th 1887
4. *Place of Birth, (Street and Number)* N. Calvert
5. *Full Name of Mother,* Mary Belle Clarkson
6. *Mother's Maiden Name,* Mary Belle Collins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph J. Clarkson
9. *Father's Occupation,* Chemist & Manufacturer of Engine &c
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address, 711 N. Caldwell St

Remarks,

HEALTH DEPARTMENT, JUN 11 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94469.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 2 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 16th 1881
4. Place of Birth (Street and Number), 1928 Orleans st
5. Full Name of Mother, Julie Ulbrich
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, City
8. Full Name of Father, William Ulbrich
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1844 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Matilda Terveer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race),
3. Date of Birth, 16th May 1887
4. Place of Birth (Street and Number), 929 S. Sharp street
5. Full Name of Mother, Flora Terveer
6. Mother's Maiden Name, " Wiesner
7. Mother's Birthplace, Maschendorf (Austria)
8. Full Name of Father, Bernard Terveer
9. Father's Occupation, Clerk
10. Father's Birthplace, Aschendorf (Prussia)

Name of Medical Attendant, or other person who makes this Return. Auguste Bossien

Address, 929 S. Sharp street

Remarks, GIVEN NAME ADDED. 4-8-52

JUN 3 1887 BALTIMORE MD

...the Commissioner of Health, in the manner and within the ... required, ... who shall hereafter fail to comply with the provisions of the ... shall be subjected to ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Black (pure)
3. *Date of Birth,* May 16th 1887
4. *Place of Birth (Street and Number),* 706 Harford Avenue
5. *Full Name of Mother,* Kate Jennings
6. *Mother's Maiden Name,* Kate Paris
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles Jennings
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Eugene F. Cordell, M. D.

Address, 325 Oak Avenue, Balt. Co

Remarks,

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94472.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~4~~ 5th Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Monday May 16th. 1887

4. *Place of Birth, (Street and Number)* N. W. Cor. Wolf & Biddle Sts.

5. *Full Name of Mother,* Carrie Haebler

6. *Mother's Maiden Name,* Carrie Getterman,

7. *Mother's Birthplace,* Balt. Md

8. *Full Name of Father,* Anton Haebler

9. *Father's Occupation,* Carpenter,

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT, 1887 BALTIMORE MD.

...o., City Printers and Stationers.

...for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, May 16th 1897

4. Place of Birth, (Street and Number) 124 S Broadway

5. Full Name of Mother, Lidie M. Britton

6. Mother's Maiden Name, Money

7. Mother's Birthplace, Maryland

8. Full Name of Father, Edgar B Britton

9. Father's Occupation, Physician

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. Edgar B. Britton,
124 S. BROADWAY,
Hours 8 to 9 A. M., 2 to 3 P. M., 6 to 8 P. M.
—TELEPHONE 795.—

HEALTH DEPARTMENT
JUN 4 1897
BALTIMORE

or persons who shall hereafter fail to comply with the [illegible] on, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other [illegible]

RETURN OF A BIRTH

94474.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, May 16th

4. Place of Birth (Street and Number), 912 Hillman St

5. Full Name of Mother, Mary Lavery

6. Mother's Maiden Name, " Chandland

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Lavery

9. Father's Occupation, Hostler

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groomy

Address, 948 N Gay St

Remarks,

HEALTH DEPARTMENT JUN 6 1887 BALTIMORE MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, May 16-87
4. Place of Birth (Street and Number), 824 N. Ann St
5. Full Name of Mother, Emma J Leaf
6. Mother's Maiden Name, " " Simpson
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas. W. Leaf
9. Father's Occupation, Coach Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH MAY 20 1887 BALTIMORE

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94476.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 17th
4. Place of Birth (Street and Number),	423 Stockholm
5. Full Name of Mother,	Cath Tighley
6. Mother's Maiden Name,	" Smith
7. Mother's Birthplace,	New Jersey
8. Full Name of Father,	Geo Morley
9. Father's Occupation,	machinist
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	L C Bauer MD
Address,	511 Hanover St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 17th May 1894

4. *Place of Birth, (Street and Number)* 2041 E. Balto. St.

5. *Full Name of Mother,* Florence Nightingale Malster

6. *Mother's Maiden Name,* Hill

7. *Mother's Birthplace,* N. Carolina

8. *Full Name of Father,* Wm Talbert Malster

9. *Father's Occupation,* Manager of Dry dock Co.

10. *Father's Birthplace,* Cecil Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. L. Goss M.D.

Address, 1887 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with
for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 87

4. Place of Birth, (Street and Number) #109 N. Bond St.

5. Full Name of Mother, Florence C. Mitchell

6. Mother's Maiden Name, Florence C. Norwood.

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm. A. Mitchell.

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Geo. S. Sellyacks M.D.

Address, 105 N. Bond St.

Remarks,

BALTIMORE, MD. JUN 1 '87

Co., City Printers and Stationers.

RETURN OF A BIRTH 9447 99.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 May 1897
4. *Place of Birth (Street and Number),* 2120 Gist st
5. *Full Name of Mother,* Sophia Maha
6. *Mother's Maiden Name,* Sophia Zelenka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Maha
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostick

Address, 509 N Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 17." 1887.
4. Place of Birth (Street and Number), No 5003. Bradford Alley.
5. Full Name of Mother, Madge Burns
6. Mother's Maiden Name, Madge Kirby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Burns
9. Father's Occupation, Labore
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Av.

Remarks,

JUN 3 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH

94481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First,

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17th 1887
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Mary Jackson.
6. Mother's Maiden Name, 50.
7. Mother's Birthplace, Virginia.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. H. L. Hutt

Address, 113 and 115 W Lombard St.

Remarks, Balto Md.

HEALTH DEPARTMENT, JUN 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. Co., City Printers and Stationers.

RETURN OF A BIRTH

94482.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether ~~male~~ or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, May 17/87.

4. Place of Birth, (Street and Number) #3104 Dillon St.

5. Full Name of Mother, Jane Allen

6. Mother's Maiden Name, " O'Neal.

7. Mother's Birthplace, Md.

8. Full Name of Father, Edward Allen.

9. Father's Occupation, Laborer.

Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. D. W. Jones M. D.

Address, 224 Elliott St.

Remarks,

HEALTH DEPARTMENT, MAY 31 1887, BALTIMORE CITY

...persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeits.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

Sex (state whether male or female), male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Aug 17

4. Place of Birth (Street and Number), 931 Green Wilson Court

5. Full Name of Mother, Anna Mitchell

6. Mother's Maiden Name, " " Howard

7. Mother's Birthplace, Sandy Springs mount Gomy Cont

8. Full Name of Father, William Mitchell

9. Father's Occupation, Labur

Father's Birthplace, Sandy Springs Mount Gomery Cont

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johnson 710

Address, 710 Tyson Stret

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are by law recoverable.

MAY 31 1917

lishing Co., City Printers and Stationers

RETURN OF A BIRTH. 44484.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 18th
4. Place of Birth, (Street and Number) 111 N Fremont ave
5. Full Name of Mother, Mrs R. S. Russell
6. Mother's Maiden Name, Ida Howe
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, R. S. Russell
9. Father's Occupation, Clerk
10. Father's Birthplace, Queen Anne Co. Md.

Name of Medical Attendant, or other Person who makes this Return. H F Hill M.D.

Address, 1001 Edmondson ave

Remarks,

HEALTH DEPARTMENT JUN 4 1900 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race).* White

3. *Date of Birth,* 2 May 1857

4. *Place of Birth (Street and Number),* 245 N Chapel st

5. *Full Name of Mother,* Mary Vitak

6. *Mother's Maiden Name,* Mary Klima

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Jos Vitak

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 159 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

6/4/86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Fourth Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 15" 1887.
4. Place of Birth (Street and Number),	No 155 Hudson st.
5. Full Name of Mother,	Annie Mallery
6. Mother's Maiden Name,	Annie Mc. Cormick
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thomas Mallery
9. Father's Occupation,	Foreman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No. 611 Patterson Park Av.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94487.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st First.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18th 1889.

4. Place of Birth, (Street and Number) 113 N. Lombard St.

5. Full Name of Mother, August Shellert

6. Mother's Maiden Name, D.

7. Mother's Birthplace, Germany.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. A. L. Hulse

Address, 113 N. Lombard St

Remarks, Balto. Md.

HEALTH DEPARTMENT JUN 3 1907 BALTIMORE

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94488.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Female

Race or Color (if not of the white race), Col

3. Date of Birth, May 1 1887

4. Place of Birth (Street and Number), 701 Bruce St

5. Full Name of Mother, Harriet Waters

6. Mother's Maiden Name, Harriet Frederick

7. Mother's Birthplace, Md

8. Full Name of Father, Perry Waters

9. Father's Occupation, Laborer

Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. John Moulden

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94489.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19th May 1887
4. *Place of Birth, (Street and Number)* Mulberry st 170 (old)
5. *Full Name of Mother,* Anna Lucas Stegmann
6. *Mother's Maiden Name,* A. L. Feldhaus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Stegmann
9. *Father's Occupation,* Book keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. A. Feldman M. D.

Address, 254 Pearl st Baltimore

Remarks, 1/4

HEALTH DEPARTMENT, JUN 9 1887 BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1887
4. *Place of Birth, (Street and Number)* 280 Maryland Av
5. *Full Name of Mother,* Mary E Allinson
6. *Mother's Maiden Name,* Mary E Carey
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Francis E Allinson
9. *Father's Occupation,* Teacher
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. F. W. Millenberger

Address, 319 W. Monument St

Remarks,

HEALTH DEPARTMENT, BALTIMORE CITY, JUN 10 1887

or person, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 91491.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d Child
Sex (state whether male or female),	Female
Race or Color (if not of the white race),	
Date of Birth,	May 19 1887
Place of Birth (Street and Number),	84 E Henrietta St
Full Name of Mother,	Mary Sander
Mother's Maiden Name,	Steiniger
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Sander
9. Father's Occupation,	Piano maker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohmann M.D.
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 19" 1867.
4. *Place of Birth (Street and Number),*	No 2412 Canton Av.
5. *Full Name of Mother,*	Annie Husted
6. *Mother's Maiden Name,*	Annie Knobel
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Husted
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	611 Patterson Park Ave.
Remarks,	

...sions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	19th May 1887
4. Place of Birth (Street and Number),	518 Weyth St
5. Full Name of Mother,	Carolina Pleis
6. Mother's Maiden Name,	Carolina Weineka
7. Mother's Birthplace,	Arenborn Germany
8. Full Name of Father,	Wm Pleis
9. Father's Occupation,	Cigar Maker
Father's Birthplace,	Usdar Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bunz
Address,	711 Cross St
Remarks,	

JUN 3 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May the 19 1887
4. *Place of Birth (Street and Number),* Pratt st No 1828
5. *Full Name of Mother,* Cristener Ritter
6. *Mother's Maiden Name,* Cistener Baker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Ritter
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return. Moss S Kelley

Address, No 20.22 Wilkins Av

Remarks,

HEALTH DEPARTMENT, JUN 1 1888 BALTIMORE, MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible] able.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex (State whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 19 — 1887
4. Place of Birth (Street and Number),	1026 James Alley
5. Full Name of Mother,	Minnie Noll
6. Mother's Maiden Name,	Metz
7. Mother's Birthplace,	America
8. Full Name of Father,	Jacob Noll
9. Father's Occupation,	Laborer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lish ng Co., City Printers and Stationers.

RETURN OF A BIRTH 94496.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 19th 1887
4. *Place of Birth (Street and Number),* 1008 Hommey Lane
5. *Full Name of Mother,* Maggie Gross
6. *Mother's Maiden Name,* Maggie Earle
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Samuel Gross
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 20th/887 801 Franklin St

4. Place of Birth, (Street and Number) Agnes Ruppertsberg

5. Full Name of Mother, " Magee

6. Mother's Maiden Name, Balto

7. Mother's Birthplace, "

8. Full Name of Father, Wm Ruppertsberg

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs C Mesenzehl

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE CITY

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

GIVEN NAME ADDED 3-7-58

RETURN OF A BIRTH

94498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Schmitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex (state whether male or female),* Female
2. *Race or* [redacted] *(if not of the white race),* white
3. *Date of Birth,* 20th of May - 1887
4. *Place of Birth (Street and Number),* 31 Stockholm St
5. *Full Name of Mother,* K F Schmitt
6. *Mother's Maiden Name,* Katie F Winkler
7. *Mother's Birthplace,* Bollen Green Kentucky
8. *Full Name of Father,* J M. Schmitt
9. *Father's Occupation,* Driver of a wagon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 100 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, JUN 2 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94499.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 20th 1887
4. *Place of Birth (Street and Number),* 18 Chester st
5. *Full Name of Mother,* Emmie Taylor
6. *Mother's Maiden Name,* " " Belken
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Taylor
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT, JUN 27 87 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* 20 May 1887
4. *Place of Birth (Street and Number),* 523 Exeter St.
5. *Full Name of Mother,* Sara Goldman
6. *Mother's Maiden Name,* " Fagie
7. *Mother's Birthplace,* Rusia
8. *Full Name of Father,* Barnet Goldman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1362 Hollander St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (94501)
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20/87
4. *Place of Birth, (Street and Number)*	No 1426 Druid Hill ave
5. *Full Name of Mother,*	Emma Classen
6. *Mother's Maiden Name,*	" Albaugh
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas Classen
9. *Father's Occupation,*	Brick Manufacturer
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	C A Lewis
Address,	602 Hanover 8
Remarks,	

within the period above required, except in the cases of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE, MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94502.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, May 20th 1887
4. Place of Birth (Street and Number), N. Washington St No. 121
5. Full Name of Mother, Sophia Weber
6. Mother's Maiden Name, Sophia Jüngling
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Weber
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No. 114

Remarks,

JUN 13 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

94503.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd Twin - Harry H. Silberman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1st Twin

Sex (state whether male or female), (Male) Female) REBECCA

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 20th - 1887

4. *Place of Birth (Street and Number),* 116 E. Pratt st.

5. *Full Name of Mother,* Lena Silberman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Israel Silberman

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 122 S. Eutaw st.

Remarks, GIVEN NAME ADDED 6-26-52

DEPARTMENT OF HEALTH 4½ BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94504.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 May 1887
4. *Place of Birth (Street and Number),* 775 Durham st
5. *Full Name of Mother,* Louisa Friedl
6. *Mother's Maiden Name,* Louisa Schneeman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Friedl
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N Washington st

Remarks,

BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section shall be subject to the ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

3. Date of Birth, May 20 1887

4. Place of Birth, (Street and Number) 704 Bare Ln

5. Full Name of Mother, Elizabeth Roby

6. Mother's Maiden Name, Ulle

7. Mother's Birthplace, Maryland

8. Full Name of Father, Nicholas Roby

9. Father's Occupation, Machinist

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo R Eastman M.D

Address, 725 Columbia ave

Remarks,

for each offense to be recovered as other fines and for

JAN 1887 BALTIMORE MD

RETURN OF A BIRTH 94506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, May 21st 1887

4. Place of Birth (Street and Number), 1625 Lanpaster st

5. Full Name of Mother, Amelia Tuskey

6. Mother's Maiden Name, " Arrone

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Tuskey

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1122 Bank st

Remarks,

HEALTH DEPARTMENT, JUN 2 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94507.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 21st 1887.
4. Place of Birth (Street and Number),	No 2334 Fayette st.
5. Full Name of Mother,	Mary Bandaz
6. Mother's Maiden Name,	Mary Schnaufer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Bandaz
9. Father's Occupation,	assistant wharfinger
10. Father's Birthplace,	Baltmore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Sting Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9450.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
Sex, (state whether male or female)	Girl
Race or Color, (if not of the white race)	White
Date of Birth,	May 21st 1887
Place of Birth, (Street and Number)	907 Park Av
5. Full Name of Mother	Anna Catherine Hildebrandt.
6. Mother's Maiden Name,	Anna Catherine Hampel.
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father.	Chas. Herman. Eberhardt. Hildebrandt.
9. Father's Occupation,	Butcher
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Mrs. Minnick
Address,	
Remarks,	

HEALTH DEPARTMENT BALTIMORE JUN 87

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th "

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 21st 1887
4. *Place of Birth (Street and Number),* 1133 Johnson St
5. *Full Name of Mother,* Margaret Craig
6. *Mother's Maiden Name,* " Dunn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Craig
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Oorke M.D.

Address, 518 Hanover St Jun 13

Remarks,

HEALTH DEPARTMENT JUN 4 1887 BALTIMORE, MD.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

94510.

GIVEN NAME ADDED 10/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Margaret K McMahon St

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1887
4. Place of Birth, (Street and Number) 1036 Hillman St.
5. Full Name of Mother, Mary E. McMahon
6. Mother's Maiden Name, Mary E. Hogan
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John P. McMahon
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J B Saunders Mtr.

Address, 819 E. Chase St

Remarks,

JUN 13 1887 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94511.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 21st 1887
4. *Place of Birth (Street and Number),* Jefferson St. 2007
5. *Full Name of Mother,* Elisabeth Schönlein
6. *Mother's Maiden Name,* Elisabeth Oldenwortel
7. *Mother's Birthplace,* Duram, Prusia, Germany.
8. *Full Name of Father,* Lorenz Schönlein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Harnsdorf, Würtemberg, Germany.

Name of Medical Attendant, or other person who makes this Return. Mary E. Mahler

Address, N. Dallas St. No 114

Remarks,

JUN 17 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH

94512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 21. may 1885
4. *Place of Birth (Street and Number),* Baltimore Scott St
5. *Full Name of Mother,* maggie Seaman
6. *Mother's Maiden Name,* maggie Henrickle
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Albert Seamon
9. *Father's Occupation,* Brick molder
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St

Remarks,

HEALTH DEPARTMENT JUN 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of the ... subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and for ...

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94513.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
Sex, (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	21st of May 1887
4. Place of Birth (Street and Number),	Baltimore MD. 724 Cross Street
5. Full Name of Mother,	Carrie Schafer
6. Mother's Maiden Name,	Carrie Hortmann
7. Mother's Birthplace,	Baltimore MD
8. Full Name of Father,	Francis Augustus Schafer
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimore MD
11. Name of Medical Attendant, or other person who makes this Return.	Mrs Banze
Address,	711 Cross St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94514.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 21st 1887

4. *Place of Birth (Street and Number),* 422 Aiso st

5. *Full Name of Mother,* Kate Stewart

6. *Mother's Maiden Name,* " " Harris

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William Thomas Stewart

9. *Father's Occupation,* Sailor.

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Lizzy Baby

Address, 120 Bank

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	22 May 1887
4. Place of Birth (Street and Number),	601 N. Calhoun st.
5. Full Name of Mother,	Ida V. DeFord
6. Mother's Maiden Name,	Wilson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph B. DeFord
9. Father's Occupation,	Stair builder
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	John Wood
Address,	1423 W. Fayette
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 94516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 22nd May 1887

4. *Place of Birth (Street and Number),* 100 York St

5. *Full Name of Mother,* Celia Burns

6. *Mother's Maiden Name,* Fahey

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Pat. Burns

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. W. H. Nicholson

Address, 106 Barnes

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94517.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 22 - 1887
4. *Place of Birth (Street and Number),* 25 N. Central Av.
5. *Full Name of Mother,* Theresa Hammer
6. *Mother's Maiden Name,* DeMan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Hammer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Heise

Address, 1427 E. Pratt St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94518.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1887
4. *Place of Birth, (Street and Number)* Baltimore No 19 S Poppleton St
5. *Full Name of Mother,* Lena Graver
6. *Mother's Maiden Name,* Lena Yohn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Yacharich Graver
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs Mitchell

Address, 112 Calender Ally

Remarks,

HEALTH DEPARTMENT JUN 3 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with ... shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other ...

...Co., City Printers and Stationers.

RETURN OF A BIRTH 94519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 2 day of May 1887
4. *Place of Birth (Street and Number),* 1000 Boyd Street
5. *Full Name of Mother,* Annie A Brown
6. *Mother's Maiden Name,* Annie A Tinsley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thymotha Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23, N. Poppleton St

Remarks,

BALTIMORE CITY BOARD OF HEALTH

...ions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Monday May 23rd 1887

4. *Place of Birth, (Street and Number)* Cor. of Dows and St. & Harford Ave

5. *Full Name of Mother,* Selina J. Kepler.

6. *Mother's Maiden Name,* Selina J. Mathieus

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Francis M. Kepler.

9. *Father's Occupation,* Grocer.

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brunton M.D.

Address, Chase St. & Forrest Place

Remarks,

REGISTRAR OF VITAL STATISTICS, JUN 4 1887, BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of $[illegible] (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers,

RETURN OF A BIRTH. 94521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth May 23rd 1887
4. Place of Birth (Street and Number) Pinkney Place
5. Full Name of Mother Mary Agnes Reiley
6. Mother's Maiden Name Mary Agnes Mee
7. Mother's Birthplace Baltimore
8. Full Name of Father John Reiley
9. Father's Occupation Brakeman (R.R.
10. Father's Birthplace Baltimore D.

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Latimer M.D.

Address 1213 Eutaw Place

Remarks No Anaesthetics. No trouble.

HEALTH DEPARTMENT, JUN 6 1887 BALTIMORE, MD.

of the parents, and the maiden name of the ... children.

RETURN OF A BIRTH 94522.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 23th 1887.
4. *Place of Birth (Street and Number),* N. Castle St No 725
5. *Full Name of Mother,* Maria, G. M. Köhn
6. *Mother's Maiden Name,* Maria. G. M. Staush
7. *Mother's Birthplace,* Judenbach. Saxony. Germany.
8. *Full Name of Father,* George. E. F. Köhn
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Judenbach. Saxony. Germany.

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St No 114

Remarks,

DEPARTMENT OF HEALTH 15 1887 BALTIMORE

...of this section shall be subjected to the fine of ... for each offence, to be recovered as other fines are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUN 1887 BALTIMORE MD.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third.
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White.
4. Date of Birth, May 23rd 1887.
5. Place of Birth, (Street and Number) 115 N. Lombard St.
6. Full Name of Mother, Lizzie Tiffy.
7. Mother's Maiden Name, D D.
8. Mother's Birthplace, Penn.
9. Full Name of Father,
10. Father's Occupation,
11. Father's Birthplace,
12. Name of Medical Attendant, or other Person who makes this Return, W. S. Goodwin
13. Address, # 49 Hanover St Balto
14. Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether male or female), male.
2. Race or Color (if not of the white race), white
3. Date of Birth, 24. May
4. Place of Birth (Street and Number), Gaar Street No. 1201
5. Full Name of Mother, Laura Gluth.
6. Mother's Maiden Name, Laura Glock.
7. Mother's Birthplace, Uttrchausen. Schermene
8. Full Name of Father, John Gluth
9. Father's Occupation, Butchsern ~~Germany~~
10. Father's Birthplace, Schermene Germany

Name of Medical Attendant, or other person who makes this Return. Pauline Liersemann

Address, 1225 Hare Street

Remarks,

BRAITH DEPARTMENT JUN 7 1887 BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94,525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 24th. 1887
4. Place of Birth (Street and Number),	1038 Wolf St.
5. Full Name of Mother,	Mary Anke
6. Mother's Maiden Name,	Mary Linda
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Anke
9. Father's Occupation,	Broom maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 L E. cor Central av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT BALTIMORE JUN 4 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 2nd 1857

4. Place of Birth, (Street and Number) Baltimore 1619 Lemon St

5. Full Name of Mother, Mary Glenn

6. Mother's Maiden Name, Mary Higgins

7. Mother's Birthplace, Ireland

8. Full Name of Father, Dennis Higgins

9. Father's Occupation, Laborer

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Mitchell

Address, 102 Eastern Ave

Remarks,

for each offence to be recovered as other fines and forfeitures a

, City Printers and Stationers.

RETURN OF A BIRTH 9457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 24th 1887
4. *Place of Birth (Street and Number),*	1731 E Preston St
5. *Full Name of Mother,*	Sarah E Taylor
6. *Mother's Maiden Name,*	Robinson
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Nelson F Taylor
9. *Father's Occupation,*	Bricklayer
Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this return.	S H Seldner M D
Address,	S E Cor Caroline & Eager Sts
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 14 1887 BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth, März 24th 87

4. Place of Birth (Street and Number), 123 W. Cross

5. Full Name of Mother, Marie Petrich

6. Mother's Maiden Name, Pfitzner

7. Mother's Birthplace, Germany

8. Full Name of Father, William Petrich

9. Father's Occupation, Basket Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 500 Leadenhall St.

Remarks,

REGISTER DEPARTMENT BALTIMORE, MD. JUN 2 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94329.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Davis

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 25, 1887

4. *Place of Birth (Street and Number),* 236 S Eden St

5. *Full Name of Mother,* Mollie Cronn

6. *Mother's Maiden Name,* Mollie Eliard

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Cronn

9. *Father's Occupation,* Presser

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E et Shenase

Address, Albemarle st, N 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex (state whether ~~male or~~ female),

2. Race or Color (if not of the white race), White

3. Date of Birth, May 25th 1887

4. Place of Birth (Street and Number). S. Castle St No. 404

5. Full Name of Mother, Mary Repp

6. Mother's Maiden Name, Mary Stumpner

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Leonhard Repp

9. Father's Occupation, Potter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 26th 1887
4. Place of Birth (Street and Number),	902 W. Pond St
5. Full Name of Mother,	Catherine E. Schmick
6. Mother's Maiden Name,	Foos
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry J. Schmick
9. Father's Occupation,	Blacksmith
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT JUN 14 1909 RECEIVED

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 4 5 '32.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Bessie Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	26th May - 1887
4. *Place of Birth (Street and Number),*	1035 Mc Elderry st
5. *Full Name of Mother,*	Emily Hamack
6. *Mother's Maiden Name,*	" James
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William H Hamack
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groving
Address,	946 N Gay St
Remarks, GIVEN NAME ADDED 5-20-53 L.M.	

DEPARTMENT OF HEALTH BALTIMORE CITY 1907

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 26th 1887
4. *Place of Birth (Street and Number),* S. Exeter St. No. 414
5. *Full Name of Mother,* Katie Berlin
6. *Mother's Maiden Name,* Katie Will
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Elmer Berlin
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St. No. 114

Remarks,

Who shall forester fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94534.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Thursday May 26th 1887

4. *Place of Birth, (Street and Number)* 1008 E Monument St

5. *Full Name of Mother,* Ada M Willson

6. *Mother's Maiden Name,* Ada M Porter

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Wm Willson

9. *Father's Occupation,* Real Estate Agent

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D

Address, Chase St & Fremont Place

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 27th
4. *Place of Birth (Street and Number),* 1317 Mary Land Ave
5. *Full Name of Mother,* Alberta Butler
6. *Mother's Maiden Name,* " " Imes
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Butler
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson street

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH.

94536.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	White
Date of Birth	May 20th 1887
Place of Birth (Street and Number)	909 Canton St
Full Name of Mother	Narcissa Statler
Mother's Maiden Name	Narcissa Statler
Mother's Birthplace	Baltimore City
Full Name of Father	John Statler
Father's Occupation	Cooper Worker
Father's Birthplace	Baltimore Co. Md
Name of Medical Attendant or other Person who makes this Return.	J. H. Martin
Address	910 Canton Ave
Remarks	

HEALTH DEPARTMENT BALTIMORE MD.

RETURN OF A BIRTH 94537.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	May 27th 1887
4. *Place of Birth (Street and Number),*	1511 Monroe st
5. *Full Name of Mother,*	Hanah Poop
6. *Mother's Maiden Name,*	" Masisck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Stevens Poop
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gruny
Address,	940 N Gay st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the like of penalty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 27th
4. *Place of Birth (Street and Number),* 16 Slimmers Alley
5. *Full Name of Mother,* Mary Cancannen
6. *Mother's Maiden Name,* " Fenie
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Pat. Cancannen
9. *Father's Occupation,* Dredger
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94539.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 27th 1887
4. *Place of Birth (Street and Number),* 1031 Oxford Court
5. *Full Name of Mother,* Priscilla Briscoe
6. *Mother's Maiden Name,* " Lantry
7. *Mother's Birthplace,* Prince George Co. Md
8. *Full Name of Father,* John Briscoe
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Prince George Co. Md

Name of Medical Attendant, or other person who makes this Return. Fannie X Meyers

Address, 22 Barnet St

Remarks,

REALTY DEPARTMENT JUN 4 1887 BALTIMORE

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94540.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28 May

4. *Place of Birth, (Street and Number)* Baltimore 1818 Byrd St.

5. *Full Name of Mother,* Lena Relander

6. *Mother's Maiden Name,* Lena Petty

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel Relander

9. *Father's Occupation,* Soldier

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1874 Byrd St Baltimore

Remarks, Mother and Child are doing well

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 94541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* May 28th
4. *Place of Birth (Street and Number),* 712 Pierce street
5. *Full Name of Mother,* Winnie Jefferson
6. *Mother's Maiden Name,* ''''' Watkins
7. *Mother's Birthplace,* North Thumberland County Virginia
8. *Full Name of Father,* Charles H Jefferson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson street

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH. 94542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth* May 28 87

4. *Place of Birth, (Street and Number)* 812 N Calvert

5. *Full Name of Mother,* Lottie McC. Marriott

6. *Mother's Maiden Name,* Lottie McComas

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* James Marriott

9. *Father's Occupation,* Real Estate agt

10. *Father's Birthplace,* West Rivers Maryland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park ave

Remarks,

HEALTH DEPARTMENT, BALTIMORE

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 94543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 28, 1887
4. Place of Birth, (Street and Number) 1416 N Chester St
5. Full Name of Mother, Catharine Johnson
6. Mother's Maiden Name, " Bell
7. Mother's Birthplace, Harford Co.
8. Full Name of Father, John Johnson
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. W W White MD

Address, 1101 N Broadway

Remarks,

JUN 10 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of ... section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94544.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 1887
4. Place of Birth, (Street and Number) 1137 Johnson St
5. Full Name of Mother, Estelle Vanostrand
6. Mother's Maiden Name, Estelle Monks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Vanostrand
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble, M.D.

Address, 301 Warren Av

Remarks,

HEALTH DEPARTMENT BALTIMORE MD JUN 7 1887

for each offense to be recovered as other fines and forfeitures are recovered

City Printers and Stationers.

RETURN OF A BIRTH 94545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 29- 1887

4. *Place of Birth, (Street and Number)* 1804 Linden Ave

5. *Full Name of Mother,* Elizabeth Simonds

6. *Mother's Maiden Name,* Sands

7. *Mother's Birthplace,* N. Y. State

8. *Full Name of Father,* Samuel E. Simonds

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Massachusetts.

Name of Medical Attendant, or other Person who makes this Return, Wm E. Morley M. D.

Address, 838 N. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH DEPARTMENT OF VITAL STATISTICS BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 94546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* May 29th

4. *Place of Birth* (Street and Number) 508 Presley St. West

5. *Full Name of Mother* Ella Thompson

6. *Mother's Maiden Name* Ella Simms

7. *Mother's Birthplace* Balt

8. *Full Name of Father* Allen Thompson

9. *Father's Occupation* Coachman

10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. R. M. Hall

Address 1019 Druid Hill ave.

Remarks This child was only six months in Utero and died a few hours after birth

RETURN OF A BIRTH 94547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Katie

1. Sex (state whether male or female), White
2. Race or Color (if not of the white race), Female
3. Date of Birth, May 29, 1887
4. Place of Birth (Street and Number), 520 Druid Hill Ave
5. Full Name of Mother, Fanny Miller
6. Mother's Maiden Name, Fanny Freidmann
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Miller
9. Father's Occupation, Shoe-store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 94548.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex (state whether male or ~~female~~),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* May 29th 1887.

4. *Place of Birth (Street and Number),* N. Spring St No 21

5. *Full Name of Mother,* Katharine Müller

6. *Mother's Maiden Name,* Katharine Werner

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Frederick Müller

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Arkarben. Hessen, Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 114

Remarks,

RECEIVED BUREAU OF VITAL STATISTICS JUN 13 1887

...this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* May 29th 1884
5. *Place of Birth, (Street and Number)* 912 East Biddle st
6. *Full Name of Mother,* Alice Medinger
7. *Mother's Maiden Name,* — Rayno
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* Charles A Medinger
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. M. Lane M.D.

Address, 602 N. Carey st

Remarks, Babe weighs 13½ lbs

INTER & STATIONER, BALT.

RETURN OF A BIRTH

94550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30th 1887

4. Place of Birth, (Street and Number) 2021 N. Charles St

5. Full Name of Mother, Clara Farrow

6. Mother's Maiden Name, Clara Duschiell

7. Mother's Birthplace, Delaware

8. Full Name of Father, E. S. Farrow

9. Father's Occupation, Army Officer

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, Dr Neale

Address, Cor Monument & Eutaw

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 10 1887

...or persons who shall hereafter fail to comply with the ... for each offence to be recovered as other fines and forfeits ... recoverable.

...., City Printers and Stationers.

RETURN OF A BIRTH 94551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1887
4. *Place of Birth, (Street and Number)* 1383 Woodyear St
5. *Full Name of Mother,* Lizzie Kraft
6. *Mother's Maiden Name,* " Bank
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Kraft
9. *Father's Occupation,* Pressman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs A Wesinzeke

Address, 609 Mosher St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE, MD.

..., City Printers and Stationers.

RETURN OF A BIRTH 94552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 30th 1887
4. *Place of Birth, (Street and Number)* 1128 Penn. a ave
5. *Full Name of Mother* Delia Renehan
6. *Mother's Maiden Name,* " McDonnell
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Renehan
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzehl

Address, 609 Mother St

Remarks,

HEALTH DEPARTMENT JUN 1 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

94553.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1887
4. *Place of Birth, (Street and Number)* 724 Franklin St
5. *Full Name of Mother,* Antonie Meyer
6. *Mother's Maiden Name,* " Kunke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Max Meyer
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mesenzeld

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 94554.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female) Female

3. Race or Color, (if not of the white race) White

3. Date of Birth May 30, 1887

4. Place of Birth, (Street and Number) 115 N Front St

5. Full Name of Mother, Lucy H Wilson

6. Mother's Maiden Name, " " Thomas

7. Mother's Birthplace, Va.

8. Full Name of Father, Raymond Wilson

9. Father's Occupation, Artist

10. Father's Birthplace, Wisconsin

Name of Medical Attendant, or other Person who makes this Return. Walter W White

Address, 1101 N Broadway

Remarks,

BEALTH DEPARTMENT
JUN 10 1887
BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94555.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White Race
3. Date of Birth, May 31st 1887
4. Place of Birth (Street and Number), #172 St Paul St.
5. Full Name of Mother, Kezeih Frances Smith
6. Mother's Maiden Name, Kezeih Frances Wilson
7. Mother's Birthplace, Eastern, Mass.
8. Full Name of Father, Albert Denizel Smith
9. Father's Occupation, Straw Hatter
10. Father's Birthplace, Eastern, Mass.

Name of Medical Attendant, or other person who makes this Return. Mrs. Hunter

Address, 23, N Poppelton St

Remarks,

HEALTH DEPARTMENT, JUN 8 1888, BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

94556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colrd
3. *Date of Birth,*	May 31st 1887
4. *Place of Birth (Street and Number),*	24 Hamburg st
5. *Full Name of Mother,*	Caroline Monroe
6. *Mother's Maiden Name,*	
Mother's Birthplace,	Baltimore
8. *Full Name of Father,*	John Ridley
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1004½ N. Howard st
Remarks,	

DEPARTMENT OF HEALTH BALTIMORE 1887

...g Co., City Printers and Stationers.

RETURN OF A BIRTH 94557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 31th 1887
4. *Place of Birth (Street and Number),* Balto Md 439 W Monument st
5. *Full Name of Mother,* Mary Connolly
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harry Lee
9. *Father's Occupation,* Reustrant
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Hester Cotrine

Address, 434 W Monument street

Remarks,

...rinters and Stationers.

...r each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

94558.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colord
3. Date of Birth, May 31st 1887
4. Place of Birth (Street and Number), 219 Russell street
5. Full Name of Mother, Julia Williams
6. Mother's Maiden Name,
7. Mother's Birthplace, Caroline County Md
8. Full Name of Father, Horace Williams
9. Father's Occupation, Milk Dairy
10. Father's Birthplace, Ann Arundell Co Md

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 10049 S. Howard St

Remarks,

HEALTH DEPARTMENT, JUN 9 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* May 31, 1887
4. *Place of Birth, (Street and Number)* 10½ Fremont Ave
5. *Full Name of Mother,* Miami Butler
6. *Mother's Maiden Name,* Miami Jones
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Josiah Butler
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing well.

for each offence to be recovered as other fines and forfeitures

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (94560)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 3 May 1887
4. Place of Birth, (Street and Number) Baltimore 220 Cross street
5. Full Name of Mother, Susie Smith
6. Mother's Maiden Name, Sussie Trinner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Trinner
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amnie Johnson

Address, Ricks Court William H. Trinner

Remarks, Amnie Johnson

HEALTH, JUN 15 1887, BALTIMORE, MD

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94561.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, May 4th 1887
4. Place of Birth (Street and Number), 120 S Duncan Alley
5. Full Name of Mother, Mary Rachor
6. Mother's Maiden Name, Barneckle
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Rachor
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M.D.

Address, S. E. Cor. Caroline & Eager Sts

Remarks,

BRITT DEPARTMENT JUN 14 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

'shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 5th 1887

4. Place of Birth, (Street and Number) 1525 Pennsylvania ave

5. Full Name of Mother, Bertha Whittington

6. Mother's Maiden Name, " Worth

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Whittington

9. Father's Occupation, Printer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meseuzehl

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT, JAN 13 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94563.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female),	Male
Race or Color (if not of the white race),	
Date of Birth,	May 5th 1857
Place of Birth (Street and Number),	523 S. Bond St
5. Full Name of Mother,	Rosa Schultz
6. Mother's Maiden Name,	Savie
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Robert Schultz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Wm Louis Krafft
Address,	405 S. Washington St
Remarks,	

for each offence, to be recovered as other fines and forfe

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

94564.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6th 1887
4. *Place of Birth, (Street and Number)* 1346 Woodyear St
5. *Full Name of Mother,* Bridgid Kreims
6. *Mother's Maiden Name,* " McCarty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward Kreims
9. *Father's Occupation,* R R Employee
10. *Father's Birthplace,* Ireland
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs A Mesenschl
12. *Address,* 609 Mosher St
13. *Remarks,*

HEALTH DEPARTMENT, JUN 13 1887, BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

91,568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 7 1887
4. Place of Birth (Street and Number),	329 ~~329~~ S. Castle St
5. Full Name of Mother,	Katie McLaughlin
6. Mother's Maiden Name,	Lauenstein
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John McLaughlin
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Louis Krafft
Address,	405 S. Washington St
Remarks,	

for each offence, to be recovered as other fines are.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94566.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 8 1887
4. *Place of Birth, (Street and Number)* 1403 Myrtle ave
5. *Full Name of Mother,* Emma Kreis
6. *Mother's Maiden Name,* " Bond
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Kreis
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Miss a Messenger

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE

For each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 9th 1887
4. *Place of Birth, (Street and Number)* 819 Pierce St
5. *Full Name of Mother,* Laura Steinkemp
6. *Mother's Maiden Name,* " Kaiser
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Steinkemp
9. *Father's Occupation,* Baggage Master
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Meserzehl

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT, JUN 13 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), C

3. Date of Birth, May 9 1887

4. Place of Birth (Street and Number), 233 Chappell St

5. Full Name of Mother, Mary Doefler

6. Mother's Maiden Name, Steck

7. Mother's Birthplace, ~~Michael Doefler~~ Baltimore

8. Full Name of Father, Michael Doefler

9. Father's Occupation, Steveaver

Father's Birthplace, Untertreubach Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Krafs

Address, 405 S Washington St

Remarks,

HEALTH DEPARTMENT BALTIMORE MAY 11 1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94569.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race).* —
3. *Date of Birth,* May 9 1887
4. *Place of Birth (Street and Number),* 130 S Washington St.
5. *Full Name of Mother,* Christina Marquart
6. *Mother's Maiden Name,* Heller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F Marquart
9. *Father's Occupation,* Clothing Cutter ~~Tailor~~
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, 405 S Washington St

Remarks,

JUN 11 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY DEPARTMENT OF HEALTH
JUN 27 1887

(94570)

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*
2. *Sex, (state whether male or female)* Male
3. *Color, (if not of the white race)* Color
4. *Date of Birth,* May 19 1887
5. *Place of Birth, (Street and Number)* 134 Hughest Alley
6. *Full Name of Mother,* Susan Jessels
7. *Mother's Maiden Name,* Susan Bindley
8. *Mother's Birthplace,* Essex Co Va
9. *Full Name of Father,* Muscoe Jessels
10. *Father's Occupation,* Coal yard
11. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other Person who makes this Return — Amine Johnson

Address,

Remarks,

Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 10th 1887
4. Place of Birth (Street and Number),	1409 E. Eager St.
5. Full Name of Mother,	Dorothea Minderhuber
6. Mother's Maiden Name,	Schwartz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Minderhuber
9. Father's Occupation,	Printer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	S. A. Seldner M. D.
Address,	S. E. Cor Caroline & Eager Sts
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94572.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

3. Date of Birth, May 15th 1887

4. Place of Birth, (Street and Number) 600 George St

5. Full Name of Mother, Marsila Miller

6. Mother's Maiden Name, " Jinkand

7. Mother's Birthplace, Balto

8. Full Name of Father, John Miller

9. Father's Occupation, Baker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs A Mesenzehl

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. 1887

...ates are recoverable

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

JUN 17 1897 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth 94573.
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	May 20/87
Place of Birth, (Street and Number)	No 14 Randall St
Full Name of Mother,	Mary Jervis
Mother's Maiden Name,	" Sipes
Mother's Birthplace,	Balto
Full Name of Father,	Frank Jervis
Father's Occupation,	
Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return	C A Lewis
Address,	406 Hanover St
Remarks,	

PRINTERS AND STATIONERS.

Missing #94574 - #94597

RETURN OF A BIRTH 9/15/98.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 1st

Place of Birth, (Street and Number) 101 East St

Full Name of Mother, Martha Warden

Mother's Maiden Name, Martha Johns.

Mother's Birthplace, St Michaels Maryland

8. *Full Name of Father,* Cyrus Warden

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto County.

Name of Medical Attendant, or other Person who makes this Return. J B Saunders MD

Address, 819 E. Chase St

Remarks,

Penalties are recoverable.

RETURN OF A BIRTH 94599.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd live child (2 miss)

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 1st
4. *Place of Birth (Street and Number),* 511 N Schroeder St
5. *Full Name of Mother,* Mrs. Wm A. Bodensick
6. *Mother's Maiden Name,* Ella A Lamb
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* Wm A. Bodensick
9. *Father's Occupation,* Messenger B&O R.R.
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. H. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

HEALTH DEPARTMENT JUN 1 1907 BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94600.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 1st 1887
4. Place of Birth (Street and Number), 1622 Milliman St.
5. Full Name of Mother, Mary V. House
6. Mother's Maiden Name, Case.
7. Mother's Birthplace, Howard County
8. Full Name of Father, William T. House
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. S. W. Seldner M. D.

Address, S. E. Cor Caroline & Eager Sts.

Remarks,

who shall hereafter fail to comply with the provisions of this Return, for each offence, to be recovered as other fines and forfeitures are recoverable.

BEALTH DEPARTMENT JUN 14 1887 BALTIMORE MD

lishing Co., City Printers and Stationers.

GIVEN NAME APPLIED 4-3-57

RETURN OF A BIRTH 94601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Betty Sarah Weinberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Sarah

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 1, 1887

4. Place of Birth (Street and Number), 1122 Low St

5. Full Name of Mother, Jelena Weinberg

6. Mother's Maiden Name, Jelena Davis

7. Mother's Birthplace, America

8. Full Name of Father, Joe Weinberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Estskemase

Address, Albemarle st No 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY DEPARTMENT OF HEALTH

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 St. 1887 11 15 A.M.
4. Place of Birth, (Street and Number) 26 First St. Canton
5. Full Name of Mother, Mary Ann Davis
6. Mother's Maiden Name, M. A. Evans
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Daniel Davis
9. Father's Occupation, Copper Works
10. Father's Birthplace, Wales

Name of Medical Attendant, or other Person who makes this Return. James E. Dornille M.D.

Address, 1701 E Baltimore St.

Remarks,

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE CITY

Report is birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94603.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* June 1st 1887
4. *Place of Birth (Street and Number),* 410 202 Bath St
5. *Full Name of Mother,* Mary Jane Jackson
6. *Mother's Maiden Name,* Skyler
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Benjamin Jackson
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94604.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st
4. *Place of Birth, (Street and Number)* 1718 E. Fayette St
5. *Full Name of Mother,* Mary A. Barkman
6. *Mother's Maiden Name,* A Dausch
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Geo J Barkman
9. *Father's Occupation,* physician
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return Geo J Barkman

Address, 1718 E. Fayette St

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the [redacted]th Sixth
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 1. 87
4. *Place of Birth, (Street and Number)*	1308 Mulberry Street
5. *Full Name of Mother,*	Esther Ephraim
6. *Mother's Maiden Name,*	Esther Levy
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Isaac Ephraim
9. *Father's Occupation,*	Merchant
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw St
Remarks,	F

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

94606

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* June 1st 1887

4. *Place of Birth, (Street and Number)* # 1503 Mulberry ce

5. *Full Name of Mother,* Birdie French

6. *Mother's Maiden Name,* " Barber

7. *Mother's Birthplace,* Annapolis Md

8. *Full Name of Father,* John Trent

9. *Father's Occupation,* Book Keeper

Father's Birthplace, Georgia

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer Mrs

Address, " 855 W. Lombard St

Remarks,

BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 94607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

3. *Date of Birth* June 1, 1887.

4. *Place of Birth, (Street and Number)* 67 West St

5. *Full Name of Mother,* Ellen Molock

Mother's Maiden Name, Ellen Ellons

Mother's Birthplace, Cambridge

8. *Full Name of Father,* Richard Molock

9. *Father's Occupation,* Waiter

Father's Birthplace. Cambridge

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing well.

HEALTH DEPARTMENT BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH, 94608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child as to Mother, (state whether 1st, ~~2d, 3d,~~ &c.) _____

Sex (state whether male ~~or female~~) _____

Race or Color, (if not of the white race) _____

Date of Birth June 1st 1887

Place of Birth (Street and Number) 1613 Harlem av

Full Name of Mother Maggie Knabe

Mother's Maiden Name Maggie Eastwood

Mother's Birthplace Baltimore

Full Name of Father George Knabe

Father's Occupation Book-keeper

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. R McKeon

Address 1401 Linden Ave

Remarks _____

RETURN OF A BIRTH. 94609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth June 1st 1887

4. Place of Birth, (Street and Number) 602 N Calvert St

5. Full Name of Mother, Annie Weisgerber Callahan

6. Mother's Maiden Name, Annie Weisgerber

7. Mother's Birthplace, Philadelphia Pa

8. Full Name of Father, Peter Callahan

9. Father's Occupation, Store Keeper

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park Ave

Remarks,

HEALTH DEPARTMENT, JUN 9 1887 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

94610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 1 June 1887

4. Place of Birth, (Street and Number) 111 West St

5. Full Name of Mother, Leavy Fowler

6. Mother's Maiden Name, Boadley

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Joseph Fowler

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 6-8 West St

Remarks,

GERALD R. FORD LIBRARY JUN 1887 BALTIMORE MD

TERS AND STATIONERS

RETURN OF A BIRTH

94611.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

2. Date of Birth, June 1st 1887

4. Place of Birth, (Street and Number) Ohio No 112 & 910 Battery av

5. Full Name of Mother, Rebecca Farmer

6. Mother's Maiden Name, Rebecca Soper

7. Mother's Birthplace, Va

8. Full Name of Father, Joseph D. Farmer

9. Father's Occupation, Mariner

Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble, M.D.

Address, 301 Warren av

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT JUN 7 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 94612.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1/84

4. Place of Birth, (Street and Number) 663 Barre St

5. Full Name of Mother, Emma L Reynolds

6. Mother's Maiden Name, " " Cadwalder

7. Mother's Birthplace, City

8. Full Name of Father, Stephen P Reynolds

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Jno D Blakeman

Address, Cor 2 S Pacasp

Remarks,

BRANCH OF THE REGISTRAR, JUN 7 87 BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

3. *Date of Birth,* June 1, 1887.

4. *Place of Birth, (Street and Number)* 245 N. Arlington Ave.

5. *Full Name of Mother,* Sarah R. Durham

6. *Mother's Maiden Name,* Warfield

7. *Mother's Birthplace,* Anna Arundel Ad.

8. *Full Name of Father,* Wm. G. Durham

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* A. A. Co.

Name of Medical Attendant, or other Person who makes this Return. V. L. Norwood Sus

Address, 939 W Fayette St

Remarks,

BOARD OF HEALTH DEPARTMENT BALTIMORE, MD. 97

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white race
3. Date of Birth, June the 1st
4. Place of Birth (Street and Number), Baltimore fort Av the No 544
5. Full Name of Mother, alverta johnson
6. Mother's Maiden Name, Benner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elverth johnson
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

HEALTH DEPARTMENT, JUN 3 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Addie Eleonora Groshans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, June 1st 89

4. Place of Birth, (Street and Number) S. W. Cor Fountain & Bethel Sts

5. Full Name of Mother, Sophia A. Groshans

6. Mother's Maiden Name, Lauer

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm. Groshans

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Edgar B. Britton,

Address, 124 S. BROADWAY,

Remarks, Hours 8 to 9 A. M. 2 to 3 P. M., 6 to 8 P. M.

—TELEPHONE 786,—

for each offense to be recovered as other penalties and forfeitures are recovered.

JUN 4 1889 BALTIMORE

RETURN OF A BIRTH 94616.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 1st 1887

4. Place of Birth (Street and Number), 1425 Summerfield Ct

5. Full Name of Mother, Annie E. Jackson

6. Mother's Maiden Name, " " Evans

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Jackson

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. O. A. Cooke MD

Address, 164 Fort av

Remarks,

HEALTH DEPARTMENT JUN 6 1887 BALTIMORE MD

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 1st

4. *Place of Birth (Street and Number),* 238 Albemarle st

5. *Full Name of Mother,* Lena Hurley

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Hurley

9. *Father's Occupation,* & Mechanic

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Bernstein

Address, 122 S Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth,* 6.1.87.
4. *Place of Birth, (Street and Number)* 305 N. Poppleton
5. *Full Name of Mother,* Mary Agnes Webb
6. *Mother's Maiden Name,* Unkle bach
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Wm M. Webb.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address, 349 Lord St

Remarks,

HEALTH DEPARTMENT, JUN 1 1887 BALTIMORE MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 2d 1887
4. Place of Birth (Street and Number),	419 State street
5. Full Name of Mother,	Bettie Garden
6. Mother's Maiden Name,	Briscoe
7. Mother's Birthplace,	West River Annekunckel Co
8. Full Name of Father,	Peter Briscoe
9. Father's Occupation,	Laborer
10. Father's Birthplace,	St Mary Co. Md
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	434 W monument st
Remarks,	

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE CITY

...the Commissioner of Health, in the district and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...hlishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94620.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6 Ch

Sex, (*state whether male or female*)

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* June 2/87

4. *Place of Birth*, (*Street and Number*) # 1051 Boyd Ave.

5. *Full Name of Mother*, Mary Weaver

6. *Mother's Maiden Name*, Decker

7. *Mother's Birthplace*, Balto Md

8. *Full Name of Father*, A. Weaver

9. *Father's Occupation*, Blacksmith

10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. D L Scranton

Address, 853 W. Lombard St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 2d - 1887 -
4. *Place of Birth, (Street and Number)* 1800 Townsend St.
5. *Full Name of Mother,* Maud A. Shanetts.
6. *Mother's Maiden Name,* Shanetts.
7. *Mother's Birthplace,* Pennsylvania.
8. *Full Name of Father,* G. Wayson Shanetts.
9. *Father's Occupation,* Stenographer -
10. *Father's Birthplace,* Washington - D. C.

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith.

Address, Harlem av. & Calhoun St.

Remarks,

BRITISH DEPARTMENT, JUN 9 1887, BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th (9462)

1. *Sex, (state whether male or female)* ~~four~~ male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* June 2, 1887

4. *Place of Birth, (Street and Number)* 838 Greenmount Ave.

5. *Full Name of Mother,* Margaret Chalmers

6. *Mother's Maiden Name,* " Scott

7. *Mother's Birthplace,* Scotland

8. *Full Name of Father,* Alex. Chalmers

9. *Father's Occupation,* Stone Cutter

10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill

Address, 1720 N. Charles St.

Remarks,

BOARD OF HEALTH BALTIMORE

Births of the births and deaths of illegitimate children, and within the period above required, except in the cases of comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 2nd 1887. June 2, 1887
4. Place of Birth (Street and Number),	876½ W. Baltimore Street
5. Full Name of Mother,	Kate Rosenthal
6. Mother's Maiden Name,	Kate Kellig
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Rosenthal
9. Father's Occupation,	Hatchmaker
10. Father's Birthplace,	Wangard, Prussia Germany.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 2-d 1887

4. *Place of Birth, (Street and Number)* 532 Calvert St Balto Md

5. *Full Name of Mother,* Maggie Malone

6. *Mother's Maiden Name,* Maggie Borden

7. *Mother's Birthplace,* Balto. Co. Md

8. *Full Name of Father,* Patrick H Malone

9. *Father's Occupation,* Restaurant

10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address,

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94625,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 2d 1887.
4. *Place of Birth (Street and Number),* 511 N Stricker St.
5. *Full Name of Mother,* Ida L. Lohmeyer.
6. *Mother's Maiden Name,* Ida L. Webb.
7. *Mother's Birthplace,* Baltimore city.
8. *Full Name of Father,* Otto Lohmeyer.
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. John Pennington M.D.

Address, 515 N Carrollton Av

Remarks, —

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 9 1887 BALTIMORE

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd third

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, June 2nd 1887

4. Place of Birth, (Street and Number) 115 W Lombard St.

5. Full Name of Mother, Levi Jones (Col)

6. Mother's Maiden Name, JSO

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. H. L. Kuttner

Address, 115 W Lombard St.

Remarks, City

BALTIMORE, MD. JUN 3 1887 HEALTH DEPARTMENT,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94627.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2nd
4. *Place of Birth, (Street and Number)* 104. E. Cross st
5. *Full Name of Mother,* Lizzie Reus
6. *Mother's Maiden Name,* Lizzie Zürline
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Reus
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant. or other Person who makes this Return. Dr L. Buddenbohn M.D.

Address, * 418 S. Paca st

Remarks,

BALTIMORE

for each offense to be recovered as other fines are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH.

94628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 3 1887
BALTIMORE CITY

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 2nd 1887

4. Place of Birth (Street and Number) old 77 Lexington St.

5. Full Name of Mother Sarah G. Packham

6. Mother's Maiden Name Sarah G. Sweeting

7. Mother's Birthplace Baltimore City

8. Full Name of Father Lewis Packham

9. Father's Occupation Merchant

10. Father's Birthplace St. Louis

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 1301 N. Central Ave.

Remarks

RETURN OF A BIRTH 94629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, June 2nd 1887.
4. Place of Birth (Street and Number), S. Spring St No 316
5. Full Name of Mother, Susan fisher
6. Mother's Maiden Name, Susan Rohr
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick fisher
9. Father's Occupation, Laborer
10. Father's Birthplace, Sahlmünster, Prusia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 114

Remarks,

JUN 21 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94630.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 2
4. Place of Birth (Street and Number),	Tousend St 57
5. Full Name of Mother,	Magie Kennelley.
6. Mother's Maiden Name,	Magie Torrney
7. Mother's Birthplace,	Cincinnatu Oho
8. Full Name of Father,	Thomas Kennelley
9. Father's Occupation,	Soulger
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1819 Cuba St
Remarks,	Baltimore

HEALTH DEPARTMENT JUN 7 1887 BALTIMORE MD

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren den 2ten Juni
4. *Place of Birth, (Street and Number)* 204 Seven Av. Canton
5. *Full Name of Mother,* Margrethe Pahl
6. *Mother's Maiden Name,* Margrethe Weiß
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Pohl
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Heimann

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94632.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2. 1887
4. *Place of Birth, (Street and Number)* 9 N Eutaw St.
5. *Full Name of Mother,* Fannie Dechoine
6. *Mother's Maiden Name,* " Radford
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* Victor E. Dechoine
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Spain
11. *Name of Medical Attendant,* or other Person who makes this Return. Martury Brewer Md

Address, 1031 McCulloh St

Remarks,

HEALTH DEPARTMENT JUN 6 1887 BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recovered

..., City Printers and Stationers.

RETURN OF A BIRTH 94633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 3 June
4. *Place of Birth (Street and Number),* 1222 Holland St.
5. *Full Name of Mother,* Lizzie Maisel
6. *Mother's Maiden Name,* Cories
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John Maisel
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1362 Holland St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94634.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	3th of June
4. *Place of Birth, (Street and Number)*	Baltimore Md. 1405 Eden Street
5. *Full Name of Mother,*	Maggie E. Cook
6. *Mother's Maiden Name,*	Maggie E. Cook Meade
7. *Mother's Birthplace,*	New York City
8. *Full Name of Father,*	George H. Cook
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	North Carolina
Name of Medical Attendant, or other Person who makes this Return	Mrs Wooder.
Address,	936 Greenmount ave.
Remarks,	

BALTIMORE CITY BOARD OF HEALTH

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94635

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 3rd 1887

4. *Place of Birth, (Street and Number)* 193 Lexington St

5. *Full Name of Mother,* Ella Kennedy Moore

6. *Mother's Maiden Name,* Ella Kennedy

7. *Mother's Birthplace,* Syracuse, New York

8. *Full Name of Father,* William M. Moore

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Syracuse, New York,

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Harris M.D.

Address. 871 Harlem Avenue

Remarks.

BALTIMORE CITY HEALTH DEPARTMENT JUN 8 1887 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 3 1887
4. Place of Birth (Street and Number),	1112 Leadenhall St.
5. Full Name of Mother,	Katie Feil Steinlein
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America
8. Full Name of Father,	Frank Feil
9. Father's Occupation,	Laborer
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94637.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex (state whether ~~male or~~ female),

Race or Color (if not of the white race), White

Date of Birth, June 3th 1887.

Place of Birth (Street and Number), E. Fayette St 1309

Full Name of Mother, Annie Hart

Mother's Maiden Name, Annie Rolle

Mother's Birthplace, Baltimore City

Full Name of Father, Sampson Hart

Father's Occupation, Tinner

Father's Birthplace, Tolchester County. M. D.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

BALTIMORE CITY

Who shall hereafter fail to comply with the provisions of [illegible] shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2th. Child
Sex, (state whether male or female)	Male Child
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	3th. Juni.
4. Place of Birth, (Street and Number)	Garrett Ave No 1304.
5. Full Name of Mother,	Ohini Forster.
6. Mother's Maiden Name,	Ohini Davidson.
7. Mother's Birthplace,	England
8. Full Name of Father,	Henrie Forster
9. Father's Occupation,	Stevedor
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaeffler
Address,	Fort Ave. No. 1708.
Remarks,	Locust Point.

BRALTH DEPARTMENT JUN 11

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 94639.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Pfaff

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th and 6th

1. Sex (state whether male or female) Male and female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 3, 1887
4. Place of Birth, (Street and Number) 1015 N. Gay St.
5. Full Name of Mother, Margaret Pfaff
6. Mother's Maiden Name, " Gentmann
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Pfaff
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W W White MD

Address, 1101 N. Broadway

Remarks, Twins GIVEN NAME ADDED. 7-10-53 h.m.

HEALTH DEPARTMENT BALTIMORE JUN 10 1887

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH 94640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

Sex, (state whether male or female) Femal

2. *Race or Color, (if not of the white race)* Colard Race

3. *Date of Birth,* June 3 1887

4. *Place of Birth, (Street and Number)* 1238 Mulgin St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Jane Boon

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return Lucinelia Woolford

Address, 432 Register St

Remarks,

BEALER DEPARTMENT, BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH

94641.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colared

Date of Birth, B June th 1887

Place of Birth, (Street and Number) Stoeton Al Mo 5 o 21

Full Name of Mother, Sarh price

Mother's Maiden Name, Sarh Johnson

Mother's Birthplace, Baltimore M D

Full Name of Father, William price

Father's Occupation, Labors

Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Mollotry proctor Mid Wife

Address, No 5 11 carlton at

Remarks,

HEALTH DEPARTMENT, JUN 5 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 3rd 1887
4. *Place of Birth (Street and Number),* 406 Lee St
5. *Full Name of Mother,* Louisa Ladly
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Jacob C Ladly
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cook M.D.

Address, 518 Hanover St Jn 13

Remarks,

for each offence, to be recovered as other fines and forfeiture are recoverable.

BALTIMORE CITY 1887

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 91643.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* January 4th

4. *Place of Birth (Street and Number),* 1619 East Monument St

5. *Full Name of Mother,* Lulie M Rock

6. *Mother's Maiden Name,* Lulie M Dameron

7. *Mother's Birthplace,* Northumberland Co Va

8. *Full Name of Father,* Johen H Rock

9. *Father's Occupation,* Stevedore

10. *Father's Birthplace,* Richmond Co Va

Name of Medical Attendant, or other person who makes this Return. Henry E Price

Address, 1611 East monument St

Remarks,

JAN 13 18

...of this Section shall be subjected to the risk of fine, the provisions of which shall apply with the provisions

RETURN OF A BIRTH 94649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 4 1887

4. *Place of Birth, (Street and Number)* 209 Chester street

5. *Full Name of Mother,* Ella L roll

6. *Mother's Maiden Name,* Ella L Crane

7. *Mother's Birthplace,* Calvert county md

8. *Full Name of Father,* Thomas roll

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Talbot county md

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 424

Address, Patterson park avenue

Remarks,

for each offence to be recovered as other fines and forfeitures are

Co., City Printers and Stationers.

RETURN OF A BIRTH. 94645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2°

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Wh't

3. *Date of Birth* June 4th 1887

4. *Place of Birth, (Street and Number)* Cor Madison ave & Wilson st

5. *Full Name of Mother,* Nora H. Wall

6. *Mother's Maiden Name,* Nora Hall

7. *Mother's Birthplace,* Brooklyn N.Y.

8. *Full Name of Father,* Henry W. Wall

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill

Address, 807 Arlington ave

Remarks,

BRANCH DEPARTMENT JUN 4 1887 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 91646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White
3. Date of Birth,	4th of June 1857
4. Place of Birth (Street and Number),	42 North Patterson Park Ave.
5. Full Name of Mother,	Ellen Johnson
6. Mother's Maiden Name,	Ellen Shlang
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Slang
9. Father's Occupation,	Plumer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel that per Justina Kunkel
Remarks,	Healthy.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94647.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White.

3. Date of Birth, June 4th 1887.

4. Place of Birth (Street and Number), 107 Edmondson Av.

5. Full Name of Mother, Sadie Wonderly.

6. Mother's Maiden Name, Sadie Vermilya.

7. Mother's Birthplace, Balto City.

8. Full Name of Father, Charles E. Wonderly.

9. Father's Occupation, Book-keeper.

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return. John Pennington M.D.

Address, 505 N Carrollton Av.

Remarks,

HEALTH DEPARTMENT, JUN 9 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9116 48.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 4 — 1887.
4. *Place of Birth (Street and Number),*	1119 Warner st.
5. *Full Name of Mother,*	Lizzie Riepling.
6. *Mother's Maiden Name,*	Dipel.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Riepling.
9. *Father's Occupation,*	Carver.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 4 1887.
4. *Place of Birth (Street and Number),*	403 Cross st
5. *Full Name of Mother,*	Katie Della Schmidt
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	Tom Della
9. *Father's Occupation,*	Glass-blower
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91650.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 4 1897

4. *Place of Birth, (Street and Number)* Gravel Alley 513

5. *Full Name of Mother,* Margaret Johnson

6. *Mother's Maiden Name,* Margaret Lewis

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Walter Johnson

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Christ Jones

Address, 513 Gravel Alley

Remarks,

JUN 5 1897 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94651.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 4 1887.
4. *Place of Birth (Street and Number),*	1026 Goodmans Alley.
5. *Full Name of Mother,*	Maggie Baumann
6. *Mother's Maiden Name,*	Seibold
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Paul Baumann
9. *Father's Occupation,*	Shoe-maker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lotzgesell. Midwife.
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE HEALTH DEPARTMENT JUN 9 1916 RECEIVED

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 4—87
4. Place of Birth (Street and Number),	1435 N. Gay St
5. Full Name of Mother,	Maggie Davis
6. Mother's Maiden Name,	" Zink
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm T. Davis
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

JUN 30 1887

who shall hereafter fail to comply with the provisions of this Return, or shall be in the line of duty, forfeit for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, June 4 1887

4. Place of Birth, (Street and Number) 1710 Mullingin St

5. Full Name of Mother,

6. Mother's Maiden Name, Sarah coats

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Lucinelia Woolford

Address, 1132 Register St

Remarks,

HEALTH DEPARTMENT, JUN 13 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94654.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 4th

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* June 4th

4. *Place of Birth,* (*Street and Number*) 234 N. Mount

5. *Full Name of Mother,* Medora Bisby.

6. *Mother's Maiden Name,* " Saunders

7. *Mother's Birthplace,* N. Y.

8. *Full Name of Father,* Arthur Bisby.

9. *Father's Occupation,* Electrician

10. *Father's Birthplace,* N. Y.

Name of Medical Attendant, or other Person who makes this Return — Norman F Kilduff M.D.

Address. 17 N. Calhoun st

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94655.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th
4. Place of Birth, (Street and Number) # 605 Townsend St
5. Full Name of Mother Hannah Hoopwood
6. Mother's Maiden Name " " Bartholow
7. Mother's Birthplace, Lewistown Md
8. Full Name of Father, Frederick Hoopwood
9. Father's Occupation, Carpenter
10. Father's Birthplace, Frederick, Md.

Name of Medical Attendant, or other Person who makes this Return John G. Huck

Address, Argyle Ave & Townsend St

Remarks,

BUREAU OF STATISTICS, JUN 13 1886, BALTIMORE, MD.

...TERS AND STATIONERS

RETURN OF A BIRTH 91656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 4 1887

4. *Place of Birth, (Street and Number)* 1618 Walker St.

5. *Full Name of Mother,* Kate Meyer

6. *Mother's Maiden Name,* Meyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Lawrence Meyer

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 94657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8tes Child
Sex (state whether male or female),	Girl
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Geboren den 4te June
4. *Place of Birth (Street and Number),*	No 1616 Eastern Ave
5. *Full Name of Mother,*	Barbara Amen
6. *Mother's Maiden Name,*	Barbara Amen
7. *Mother's Birthplace,*	Germanie
8. *Full Name of Father,*	Kasper Amen
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Germanie
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	No 517. S. Dallas Str.
Remarks,	Hebamme

DEPARTMENT OF HEALTH BALTIMORE MD. 1917

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.tes Child

1. Sex (state whether male or female), Girl
2. Race or Color (if not of the white race), White
3. Date of Birth, Geboren 5ten June
4. Place of Birth (Street and Number), No 414 Register Str
5. Full Name of Mother, Elise Meier
6. Mother's Maiden Name, Elise Sommer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sehan Meier
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallas Str

Remarks, Hebamme

HEALTH DEPARTMENT JUN 16 1900 BALTIMORE, MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	X First Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 5th of June 1881
4. Place of Birth (Street and Number),	No 24 Pluishy st
5. Full Name of Mother,	Mrs. Littlesmidt
6. Mother's Maiden Name,	Miss Schneid
7. Mother's Birthplace,	Hessen Germany
8. Full Name of Father,	Mr. Littlesmidt
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	
Remarks,	

HEALTH DEPARTMENT, JUN 8 1881 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94660.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1887
4. *Place of Birth, (Street and Number)* 1402 Calhoun St
5. *Full Name of Mother,* Clara Crooks
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Klemm
9. *Father's Occupation,* Traveling Agt
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Mrs W Meseweche

Address, 609 Mosher St

Remarks,

BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 94661.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight.
1. *Sex, (state whether male or female)*	Male.
2. *Race, (color, if not of the white race)*	White.
3. *Date of Birth,*	June Fifth.
4. *Place of Birth, (Street and Number)*	Argyle Avenue No 623.
5. *Full Name of Father,*	Mary Faulkner
6. *Mother's Maiden Name,*	Mary Johnson
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	John Faulkner
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Donnley
Address,	No 1635 Little Walnut St.
Remarks,	None.

BALTIMORE CITY BOARD OF HEALTH JUN 8 1887

INTER & STATIONER, BALT.

RETURN OF A BIRTH 94662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 5 - 87
4. Place of Birth (Street and Number),	1620 Belair Ave
5. Full Name of Mother,	Annie Emge
6. Mother's Maiden Name,	" Baker
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Joseph W. Emge
9. Father's Occupation,	Broom maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT, JUN 20 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

Missing #94663 - #94665, incl.

RETURN OF A BIRTH 94666.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female.
Race or Color, (if not of the white race)	White
3. Date of Birth,	June 5th 1887
4. Place of Birth, (Street and Number)	(1400) N. W. Cor Lombard & Calhoun
5. Full Name of Mother,	Helen Richardson
Mother's Maiden Name,	" Johnson
7. Mother's Birthplace,	Washington D.C.
8. Full Name of Father,	Harry Richardson
9. Father's Occupation,	Book-Keeper
10. Father's Birthplace,	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

...ons of this section, shall be subjected to the fine of ten (10) dollars
...es are recoverable.
for each offence to be recovered as other fines and forfeitures are

...o., City Printers and Stationers.

RETURN OF A BIRTH. 94669.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAR 17

No. as Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* June 6th 1887

4. *Place of Birth (Street and Number)* 218 Glen Edwards Avenue

5. *Name of Mother* Cora Hedges

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Maryland.

8. *Full Name of Father* Unknown

9. *Father's Occupation* "

10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M. D.

Address 325 Oak Avenue

Remarks Normal Labor.

RETURN OF A BIRTH, 94668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

[illegible] of Child of [illegible]other, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex (state wheer ~~male or~~ female)
2. Race or Colo[illegible](if not of the white race) White
3. Date of Birth June 6th 1887.
4. Place of Birt[illegible](Street and Number) 134 S. Eden St.
5. Full Name of [illegible]other Edith Ellen Galloway
6. Mother's Maid[illegible] Name Edith E. Langley
7. Mother's Birth[illegible]ce St. Mary's County Md.
8. Full Name of [illegible]her Luther Henry Galloway
9. Father's Occup[illegible]on Brick Layer
10. Father's Birth[illegible]e Baltimore County Md. Patapsco neck

[illegible]ame of Medic[illegible] Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 S. Broadway

Remarks

RETURN OF A BIRTH 94669.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) ~~Fem~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15th 1887

4. Place of Birth, (Street and Number) 313 Scott St.

5. Full Name of Mother, Mary Louisa Stagge

6. Mother's Maiden Name, Frise

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Christian Stagge

9. Father's Occupation, Moulder.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. W. Webner M.D.

Address, 814 W Lombard St.

Remarks,

JUN 9 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 9670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second & Child
1. *Sex (state whether male or female),*	Little Girl
2. *Race or Color (if not of the white race),*	White race
3. *Date of Birth,*	Born 5th of June 1887
4. *Place of Birth (Street and Number),*	No 2028 Frederick ave
5. *Full Name of Mother,*	Mrs. Carrie Stewart
6. *Mother's Maiden Name,*	Miss Carrie Pfeifer
7. *Mother's Birthplace,*	Born Baltimore
8. *Full Name of Father,*	Mr John Stewart
9. *Father's Occupation,*	Saloon
10. *Father's Birthplace,*	Born Howard County
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 West Pratt st
Remarks,	

who shall hereafter fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered by law.

JUN 8 1887 BALTIMORE MD

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 6th
4. Place of Birth, (Street and Number) 306 S Chaptank st
5. Full Name of Mother, Ida A Barman
6. Mother's Maiden Name, Rodgers
7. Mother's Birthplace, Sammersett Co Md
8. Full Name of Father, Joseph E Barman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Sammersett Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 225 S Ann st

Remarks, Mother & babe so far doing well

HEALTH DEPARTMENT JUN 9 1897 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

GIVEN NAME ADDED 3-17-55

RETURN OF A BIRTH

94672,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Lillie May ~~Hyde~~ 5 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 6 1887.
4. Place of Birth (Street and Number),	E Charles st
5. Full Name of Mother,	Caroline Hyde
6. Mother's Maiden Name,	Dillsman
7. Mother's Birthplace,	America
8. Full Name of Father,	Sam Hyde
9. Father's Occupation,	Machinest
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6th 1887

4. Place of Birth, (Street and Number) 6 Whateaast St

5. Full Name of Mother, Carrie Schmoll

6. Mother's Maiden Name, " Schnopp

7. Mother's Birthplace, Balto

8. Full Name of Father, Fredk Schmoll

9. Father's Occupation, Piano Tuner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs A Mezenzell

Address, 609 Mosher St

Remarks,

BALTH DEPARTMENT, JUN 8 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

94674.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
2. Sex (State whether Male ~~or Female~~)
3. Race or Color (if not of the white race)
4. Date of Birth June 6th 1887.
5. Place of Birth (Street and Number) 1711 Mulliken St.
6. Full Name of Mother Sophia Franklin Itzel
7. Mother's Maiden Name " "
8. Mother's Birthplace Balto. City
9. Full Name of Father Charles Itzel
10. Father's Occupation Tailor
11. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. W R Way M D

Address 414 S Patterson Park Avenue

Remarks

RETURN OF A BIRTH 94675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 28 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colloid
3. Date of Birth, June the 6 1887
4. Place of Birth, (Street and Number) York Street no 113
5. Full Name of Mother, Ida wright
6. Mother's Maiden Name, Ida hall
7. Mother's Birthplace, Fedrick County Md
8. Full Name of Father, Theadore wright
9. Father's Occupation, Stoard
10. Father's Birthplace, ~~[illegible]~~ Secil County Md

Name of Medical Attendant, or other Person who makes this Return. Margret gray

Address,

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

94676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) had Six head

1. Sex, (state whether male or female) a Male Child

2. Race or Color, (if not of the white race) Colered Child

3. Date of Birth, Born on the Six of June 1887

4. Place of Birth, (Street and Number) No 605 Woodyear St. Baltro

5. Full Name of Mother, Rose Parker

6. Mother's Maiden Name, Rose Sanders

7. Mother's Birthplace, Born in hagest town MD

8. Full Name of Father, James Parker

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. nonecesity

Address, Mid Wife hairett hutson No 1013

Remarks, harmony lane Baltimore

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ... for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, June 6, 1887

4. Place of Birth (Street and Number), 230 Bruce St

5. Full Name of Mother, Margaret Grimes

6. Mother's Maiden Name, Margaret Lewis

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Wm Grimes

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

BALTIMORE, MD. HEALTH DEPARTMENT, JUN 24 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 6th 1887.
4. *Place of Birth (Street and Number),* #1919 E. Monument St
5. *Full Name of Mother,* L. Danzelock
6. *Mother's Maiden Name,* " Faupel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Danzelock
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Stillegust

Address, #1820 E. Monument St

Remarks, 1038 (New Number)

BEALTH DEPARTMENT 1887 BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 91679.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	June 6th 1887
4. *Place of Birth (Street and Number),*	217 Eutaw st
5. *Full Name of Mother,*	Julia Gardener
6. *Mother's Maiden Name,*	—
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Columbus Gardener
9. *Father's Occupation,*	Drayman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1004½ N. Howard st
Remarks,	

JUN 9 1887 BALTIMORE

for each offence, to be recovered as other fines

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 7th 1894
4. *Place of Birth (Street and Number),* 38 Hill St
5. *Full Name of Mother,* Teresa S. Schuman
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* Albert Schuman
9. *Father's Occupation,* Grocerman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.C.

Address, 578 Hanover St Rev L.B.

Remarks,

for each offence, to be recovered as other [illegible] forfeitures are [illegible]

REGISTRAR, JUN 18 1894, BALTIMORE CITY

hing Co., City Printers and Stationers

Given name added 1-13-49

RETURN OF A BIRTH

94681.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Viola Lee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 87

4. Place of Birth, (Street and Number) 1336 W. Lombard St

5. Full Name of Mother, Elizabeth Lee

6. Mother's Maiden Name, Elizabeth Childs

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm D. Lee

9. Father's Occupation, Dispatcher on B & O RR.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. B. F. Phillips M.D.

Address, 735 W Lombard St

Remarks,

HEALTH DEPARTMENT, JUN 14 1907 BALTIMORE

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ... for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94682.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	7th June
4. *Place of Birth (Street and Number),*	364 N. Eden st.
5. *Full Name of Mother,*	Jane Hitchfield
6. *Mother's Maiden Name,*	Rolan
7. *Mother's Birthplace,*	America
8. *Full Name of Father,*	William Hitchfield
9. *Father's Occupation,*	Labour.
10. *Father's Birthplace,*	America
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

Who shall neglect or refuse to comply with the provisions of this Section shall be subject to the use of penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

94683.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 7 Juni 1887.
4. *Place of Birth, (Street and Number)* No. 5. Castle st.
5. *Full Name of Mother,* Anna Ernst.
6. *Mother's Maiden Name,* Anna Schweitzer
7. *Mother's Birthplace,* Nenterhaus Hessen Germanie
8. *Full Name of Father,* Conrad Ernst.
9. *Father's Occupation,* Maschinist
10. *Father's Birthplace,* Geismar Hessen Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, No. 1005. E. Lombartst.

Remarks.

BALTIMORE CITY, HEALTH DEPARTMENT, JUN 30 1887

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 94684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female)* Female

Race or Color, (if not of the white race) White

3. *Date of Birth* June 7, 1887

4. *Place of Birth, (Street and Number)* 801 S Ann St

5. *Full Name of Mother,* Helen L. Callahan

Mother's Maiden Name, " " Lynch

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Bernard D Callahan

9. *Father's Occupation,* Shipping Clerk

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Walter L. White, M.D.

Address, 1101 S. Broadway

Remarks,

or person who shall hereafter fail to comply with the provisions of this section shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH 94685,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 7th
4. *Place of Birth (Street and Number),* 760 St Peter St
5. *Full Name of Mother,* Mary Schusler
6. *Mother's Maiden Name,* Mary Peters
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Schusler
9. *Father's Occupation,* Safe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 529 Columbia Av

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH.

94686.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.
2. *Sex (state whether Male or Female)* Male
3. *Race or Color (if not of the white race)* Colored
4. *Date of Birth* June 8th
5. *Place of Birth (Street and Number)* 575 Orford st.
6. *Full Name of Mother* Della Matthews
7. *Mother's Maiden Name* Etta Young
8. *Mother's Birthplace* Balt.
9. *Father's Occupation* John Matthews
10. *Father's Birthplace* Barber
11. *Name of Medical Attendant,* or other Person who makes this Return. Balt.
12. *Address* R. M. Hearn
13. *Remarks* 1019 D. Hill ave.

This child was only 7 months in the

JUN 11 1887
BALTIMORE MD.

RETURN OF A BIRTH 94687.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 8. 1887
4. Place of Birth, (Street and Number)	1208. Hillman st
5. Full Name of Mother,	Lillie George
6. Mother's Maiden Name,	Lillie Rhodes
7. Mother's Birthplace,	Md
8. Full Name of Father,	Eddie George
9. Father's Occupation,	Mechanic
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D
Address,	301 Hanover av
Remarks,	

BALTIMORE CITY DEPARTMENT OF HEALTH JUN 20 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 94688.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male

Race or Color, (if not of the white race) White

3. *Date of Birth,* June 8th 94

4. *Place of Birth, (Street and Number)* 416 N. Eary St

5. *Full Name of Mother,* Frieda Steiner

6. *Mother's Maiden Name,* Frieda Pelz

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Jacob Steiner

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Tentrine

Address, 400 Cathedral St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH.

94689.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 8th 1887.
4. *Place of Birth (Street and Number)*	No. 179 S. Paca St.
5. *Full Name of Mother*	Minnie Schindthelm Wagner.
6. *Mother's Maiden Name*	Baltimore, Md.
7. *Mother's Birthplace*	Gustave Schindthelm.
8. *Full Name of Father*	Cabinet — maker.
9. *Father's Occupation*	Germany
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	414 N. Greene St
Remarks	

JUN 20 1887
BALTIMORE MD.

RETURN OF A BIRTH 94690.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 1887 June the 8th
4. Place of Birth (Street and Number), 33 Woodyear St Baltimore
5. Full Name of Mother, Carrie Shield
6. Mother's Maiden Name, Carrie Farrell
7. Mother's Birthplace, Burlington Iowa
8. Full Name of Father, Charles B. Shields
9. Father's Occupation, Wood Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23, N Poppelton St

Remarks,

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE CITY

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 8th 1887,
4. Place of Birth, (Street and Number) 907 N. Wolfe st,
5. Full Name of Mother, Julia Ann Carnes,
6. Mother's Maiden Name, Julia A. Lucas,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Harry Boyd Carnes,
9. Father's Occupation, General Laborer,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other Person who makes this Return Chas. B. Zeigler M.D.

Address, 920 N. Broadway

Remarks, Labor premature, 8th mo of Pregnancy Child apparently healthy.

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE CITY

NTERS AND STATIONERS

RETURN OF A BIRTH 94692.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child.

1. Sex (state whether male or female), Boy.
2. Race or Color (if not of the white race), White.
3. Date of Birth, 8th of June 1887.
4. Place of Birth (Street and Number), 1.900 East Fayette Street
5. Full Name of Mother, Maggie Göbhard
6. Mother's Maiden Name, Maggie Hedenreuder.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter Hedenreuder.
9. Father's Occupation, Framer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94693.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	8th June
4. *Place of Birth (Street and Number),*	126 Front st.
5. *Full Name of Mother,*	Maggie Schultz
6. *Mother's Maiden Name,*	Coral
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Schultz
9. *Father's Occupation,*	Grocer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male child
2. *Race or Color (if not of the white race),* 2 child
3. *Date of Birth,* 8th of June.
4. *Place of Birth (Street and Number),* 1026 N. Front st.
5. *Full Name of Mother,* Margeret M. Schultze
6. *Mother's Maiden Name,* Margeret M. Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schultze
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks, The child was born before time 8. months child, lived four hours and died.

HEALTH DEPARTMENT JUN 9 1897 BALTIMORE CITY

Who shall hereafter fail to comply with the provisions of this Return shall be fined for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94694.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9 June
4. *Place of Birth, (Street and Number)* 1 Constitution Street
5. *Full Name of Mother,* margaret Burke
6. *Mother's Maiden Name,* margaret McGlinn
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Thomas Burke
9. *Father's Occupation,* Laborrec
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return mrs wooden

Address, 936 Greenmount Av

Remarks,

HEALTH DEPARTMENT, JUN 13 1898 BALTIMORE, MD.

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94695.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 9th June
4. *Place of Birth (Street and Number),* 1175 Broadway
5. *Full Name of Mother,* Rosalia Goldsmith
6. *Mother's Maiden Name,* Gröndle
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Herman Goldsmith
9. *Father's Occupation,* Barbar
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94696.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Second Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 9" 1887.
4. Place of Birth (Street and Number), No 438 Canton Ave.
5. Full Name of Mother, Minnie Abendscheir
6. Mother's Maiden Name, Minnie Bahn
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Abendscheir
9. Father's Occupation, Provision Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Av.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94697.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Firsts Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 9" 1887.
4. Place of Birth (Street and Number),	216 Eastern Av. Highlandtown
5. Full Name of Mother,	Barbara Tuchols ki
6. Mother's Maiden Name,	Bauman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Gustav Tuchols ki
9. Father's Occupation,	Germany
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No. 611 Patterson Park Av.
Remarks,	

for each offence, to be recovered as other fines and fo

Building Co., City Printers and Stationers

RETURN OF A BIRTH 94698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 9th 1887
4. Place of Birth (Street and Number), Jefferson Place
5. Full Name of Mother, Elizabeth King
6. Mother's Maiden Name, " Boyles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas F King
9. Father's Occupation, Clerk
10. Father's Birthplace, Do

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.C.

Address, 578 Hanover St. Ft. Hill

Remarks,

JUN 18 1887 BALTIMORE

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94699.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white race
3. Date of Birth, June the 9
4. Place of Birth (Street and Number), Baltimore Hanover st No 2004
5. Full Name of Mother, Mary Muhl
6. Mother's Maiden Name, Bratsch
7. Mother's Birthplace, pennsylvania
8. Full Name of Father, Charles Muhl
9. Father's Occupation, Carpenter
10. Father's Birthplace, pennsylvania

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

BALTIMORE JUN 18 1[illegible]

who shall hereafter fail to comply with the provisions of [illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] recoverable.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 2[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 9-87
4. Place of Birth (Street and Number) 638 N. Jasper-
5. Full Name of Mother Emma Jane Truxon
6. Mother's Maiden Name Emma " Anderson
7. Mother's Birthplace Baltimore Md-
8. Full Name of Father Stephen Henry Truxon
9. Father's Occupation Waiter
10. Father's Birthplace Easton Md

Name of Medical Attendant, or other Person who makes this Return. H. Boydwylie M.D.

Address 507 W. Saratoga St.

Remarks

RETURN OF A BIRTH 94701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	9th June
4. Place of Birth (Street and Number),	9 Shinnick Alley
5. Full Name of Mother,	Mary Honahue
6. Mother's Maiden Name,	Wirth
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Honahue
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E Lombard st.
Remarks,	

JUN 14 1897 BALTIMORE

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of penalties and forfeitures as are recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	9th June
4. Place of Birth (Street and Number),	28 N. High st.
5. Full Name of Mother,	Sarah Sherry
6. Mother's Maiden Name,	Welsch
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Sherry
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	9 June 1887
4. Place of Birth (Street and Number),	No 816 Jackson court A.
5. Full Name of Mother,	Mrs. Clara Booker
6. Mother's Maiden Name,	Register
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr. Joseph Booker
9. Father's Occupation,	Paver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Susan Stanton
Address,	23 N Poppleton St
Remarks,	

HEALTH DEPARTMENT JUN 29 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94704.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 9th 1887
4. *Place of Birth, (Street and Number)*	105 Penn St.
5. *Full Name of Mother,*	Kate Reed
6. *Mother's Maiden Name,*	" Cameron
Mother's Birthplace,	Cecil Co. Maryland
8. *Full Name of Father,*	E. W. Reed
9. *Father's Occupation,*	Wholesale Furniture Dealer
10. *Father's Birthplace,*	Franklintown Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

BOARD OF HEALTH BALTIMORE MD.

...ons of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9 1887

4. Place of Birth, (Street and Number) Baltimore 1070 Ostend St.

5. Full Name of Mother, Laura E Moon

6. Mother's Maiden Name, Laura E Shartlove

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac E Moon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1824 Byrd st Baltimore

Remarks, Mother and child are doing well.

JUN 13 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now recovered.

o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st — 94706.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 9th 1887

4. Place of Birth, (Street and Number) No 1133 Hanover Lane

5. Full Name of Mother, Elizabeth Ford

6. Mother's Maiden Name,

7. Mother's Birthplace, Hartford Co Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Mrs Charlotte Proctor mid-wife

Address, No 511 Carlton St City

Remarks,

or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines are recovered.

BALTIMORE JUN 11 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH 94707.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (~~state whether~~ male or ~~female~~)

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, 6.9.87

4. Place of Birth, (Street and Number) 1611 McHenry St

5. Full Name of Mother, Sarah E. Fairbanks

6. Mother's Maiden Name, Crane

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, Frank H. Fairbanks

9. Father's Occupation, Salesman

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Louis M Eastman

Address, 349 Regt

Remarks,

...tures are recoverable.
...for each offense to be recovered as other fines and forfeitures

RETURN OF A BIRTH 94708.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10/87
4. Place of Birth, (Street and Number) Bank St near Broadway
5. Full Name of Mother, Sarah Blum
6. Mother's Maiden Name, Hecht
7. Mother's Birthplace, Balto
8. Full Name of Father, Lehman Blum
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. E W Elan M D

Address, 1015 E Balto St

Remarks,

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE, MD

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 10/87
4. *Place of Birth, (Street and Number)*	536 N. Mount St.
5. *Full Name of Mother,*	Emma J. Humes
6. *Mother's Maiden Name,*	" " Wenthoff.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm F. Humes
9. *Father's Occupation,*	Bricklayer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St.
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 94710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 10 of June 1887

4. Place of Birth (Street and Number), 937 E. Eager St

5. Full Name of Mother, Mary Lyons

6. Mother's Maiden Name, Mary [illegible]

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Patrick Lyons

9. Father's Occupation, Hack driver

10. Father's Birthplace, Ireland Galway

Name of Medical Attendant, or other person who makes this Return. Mr Ch [illegible]

Address, No 1059 Harford Ave

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 7 4 11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June - 10th
4. *Place of Birth, (Street and Number)* 148 D. Gilmore
5. *Full Name of Mother,* Ida. Hollis.
6. *Mother's Maiden Name,* Ida Monahan
7. *Mother's Birthplace,* B. C
8. *Full Name of Father,* James. M. Collis
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* B. C

Name of Medical Attendant, or other Person who makes this Return. Inman F Hill M.D

Address, 17 N. Calhoun st.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...s, Printers and Stationers.

RETURN OF A BIRTH. 94712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth	June 10 1887
4. Place of Birth, (Street and Number)	412 N. Exeter
5 Full Name of Mother,	Blanche B Mc. Cleary
6. Mother's Maiden Name,	" " Burchfield
7. Mother's Birthplace,	New Orleans, La.
8. Full Name of Father,	Edward J Mc. Cleary
9. Father's Occupation,	Compositor
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	D. Shutt M.D.
Address,	408 N. Exeter St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1887
4. Place of Birth, (Street and Number) 1254 Bat av
5. Full Name of Mother, Carrie Hartlove
6. Mother's Maiden Name, Carrie, Drury
7. Mother's Birthplace, Md
8. Full Name of Father, Samuel Hartlove
9. Father's Occupation, Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H B Noble, M.D

Address, 301 Warren av

Remarks,

HEALTH DEPARTMENT BALTIMORE, MD. JUN 20 188

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 9447914.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex (state whether male or female),	Female
Race or Color (if not of the white race),	
3. Date of Birth,	10th June
4. Place of Birth (Street and Number),	602 Lombard & High
5. Full Name of Mother,	Nellie Clark Scheidt
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert Clark
9. Father's Occupation,	Grocer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

Missing #94715

RETURN OF A BIRTH 94716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10/87
4. Place of Birth, (Street and Number) 819 Hanover St.
5. Full Name of Mother, Annie Levin
6. Mother's Maiden Name, Annie Miller
7. Mother's Birthplace, Russa
8. Full Name of Father, Abrum Levin
9. Father's Occupation, Grocery Store
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 87 Sharp St.

Remarks,

Report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

94/17.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Light green
3. Date of Birth June 10th 1887
4. Place of Birth (Street and Number) 20 Burkett Ct.
5. Full Name of Mother Mary Williams (Black)
6. Mother's Maiden Name Mary Williams
7. Mother's Birthplace Balto Co.
8. Full Name of Father Will not tell (White man)
9. Father's Occupation " " "
10. Father's Birthplace " " "

Name of Medical Attendant, or other Person who makes this Return. Bowen Bayley Jr M.D.

Address B.G.D.

Remarks

Liberty St

HEALTH DEPARTMENT, JUN 11 1887 BALTIMORE, MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First. (94718)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 10th 1887.
4. Place of Birth, (Street and Number) No. 503 Patterson Park Avenue.
5. Full Name of Mother, Mary Virginia Madsen.
6. Mother's Maiden Name, Mary Virginia Ensor.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George. W. W. Madsen.
9. Father's Occupation, Railroad Brakeman.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Sarah P. Harrington.

Address, No. 387 Eastern Avenue.

Remarks,

within the period above required, except in the case of the [illegible] and [illegible] of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered [illegible] and penalty [illegible] recoverable.

JUN 17 1887 BALTIMORE MD

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2nd Child

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White race.
3. *Date of Birth,* June 10th 1887
4. *Place of Birth (Street and Number),* New No 1529 S Charles St.
5. *Full Name of Mother,* Caroline Catherine Christina Grotzki
6. *Mother's Maiden Name,* Caroline Catherine Christina Kechner
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Julius Theodore Grotzki
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Koenetz Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, JUL 1887 BALTIMORE MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94 /20.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* white race

3. *Date of Birth,* June The 10 Th

4. *Place of Birth (Street and Number),* Baltimore winan Lane

5. *Full Name of Mother,* Mary E rafferty

6. *Mother's Maiden Name,* Shirden

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* patrick rafferty

9. *Father's Occupation,* labour

10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light st No 1414

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-11-52

RETURN OF A BIRTH 94721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Eraser~~ William Bures

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 10/87

4. Place of Birth, (Street and Number) 306 N. Bond St.

5. Full Name of Mother, Sarah Bures

6. Mother's Maiden Name, Sarah Williams

7. Mother's Birthplace, A. A. Co. Md.

8. Full Name of Father, William Bures

9. Father's Occupation, Boiler Maker

Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. H. Mansfield M.D.

Address, 129 So Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Lp. City Printers and Stationers.

RETURN OF A BIRTH 94722.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 10th
4. *Place of Birth (Street and Number),* 608 N Caroline St
5. *Full Name of Mother,* Roselein Steer
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles E Steer
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groom

Address, 940 N Gay St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines [illegible] recoverable.

JUN 18 1[illegible]

BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 941/23.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven Child
1. Sex (state whether male or female),	Female
Race or Color (if not of the white race),	White
3. Date of Birth,	June 10" 1887
4. Place of Birth (Street and Number),	No 312 Chester str
5. Full Name of Mother,	Emma Nelson
6. Mother's Maiden Name,	Lerbeck
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Nelson
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 91724.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	June 10th 1892
4. Place of Birth (Street and Number),	125 Montgomery St
5. Full Name of Mother,	Lizy Ellen James
6. Mother's Maiden Name,	Lizy Ellen Gross
7. Mother's Birthplace,	Calvert County
8. Full Name of Father,	George E James
9. Father's Occupation,	Labor
10. Father's Birthplace,	Fredic Md
Name of Medical Attendant, or other person who makes this Return.	Charlotte Williams
Address,	60 1/2 S Howard St
Remarks,	five dollars

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94725.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* Male & Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* June 10th 1887
4. *Place of Birth (Street and Number),* 223 Frederick st.
5. *Full Name of Mother,* Mary Warner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Gottlieb Warner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

JUL 7 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be [illegible] for each offence, to be recovered as other fines and [illegible] are recovered.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94726.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child Colered

Sex, (state whether male or female) Male Child

Race or Color, (if not of the white race) Colered Child

Date of Birth, Born on the 10 of June 1887

Place of Birth, (Street and Number) No 812 vincent alley Baltimore

Full Name of Mother, Maggie White

Mother's Maiden Name, Mggie White

7. Mother's Birthplace, Born in lynch Burg va

8. Full Name of Father, Samuel Smith

9. Father's Occupation, hod Carer

10. Father's Birthplace, Born in Fd Rick County

Name of Medical Attendant, or other Person who makes this Return. Mid Wife hairett hut Son

Address, No 1013 harmoney lane Balto

Remarks,

HEALTH DEPARTMENT JUN 13 1887 BALTIMORE, MD.

or persons who shall deviate in full to comply with the provisions for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94727.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Third

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 10 June 1887

Place of Birth, (Street and Number) 1374 Whitcoat St

Full Name of Mother, ~~Eliza~~ Elizabeth Martin

Mother's Maiden Name, " Kezer

Mother's Birthplace, Baltimore

Full Name of Father, Louis Martin

Father's Occupation, Plaster

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman MD

Address, 1924 Linden Ave

Remarks, none

JUN 13 1887 BALTIMORE, MD.

Report this birth to the Commissioner of Health, Baltimore, and of this section, and subjected to the fine of ten (10) dollars of persons who shall hereafter fail to comply with the [illegible] for each offence to be recovered as other fines and [illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 10 of June 1887
4. *Place of Birth (Street and Number),* No 934 Eager St
5. *Full Name of Mother,* Mary Lyons
6. *Mother's Maiden Name,* Mary Sullivan
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Patrick Lyons
9. *Father's Occupation,* Hackdriver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, No 1054 Hayford Way

Remarks, Val Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94729.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 10 June 1887

4. *Place of Birth, (Street and Number)* Hopkins Street 116

5. *Full Name of Mother,* Ann Nitta Spruch

6. *Mother's Maiden Name,* Ann Nitta Malport

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Spruch

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Frisbee am County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Wilson

Address, Hopkins Street 116

Remarks,

BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED

RETURN OF A BIRTH. 94730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) William Aloysius Henry

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 10th 1887. 11 A. M.

4. Place of Birth, (Street and Number) Rear No 527 Dolphin St

5. Full Name of Mother, Kate Henry

6. Mother's Maiden Name, Kate Maddin

7. Mother's Birthplace, Baltimore. Md

8. Full Name of Father, Frank J Henry

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. M Saxton M.D

Address, 1136 Lexington St

Remarks, Single delivery

BOARD OF HEALTH DEPARTMENT JUN 17 1887 BALTIMORE

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6.11.1887
4. *Place of Birth, (Street and Number)* North & Greenmount av.
5. *Full Name of Mother,* Lillian Kerr -
6. *Mother's Maiden Name,* " Cooper -
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Isaac Kerr -
9. *Father's Occupation,* Laborer -
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. O. Edward Janney M.D.

Address, 832 N. Eutaw St -

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 23

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH 94732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 11th. 1887.

4. *Place of Birth, (Street and Number)* 532 Roberts

5. *Full Name of Mother,* Harriet L. Doll

6. *Mother's Maiden Name,* Robinson

7. *Mother's Birthplace,* Balto. Co.

8. *Full Name of Father,* Bernard T Doll

9. *Father's Occupation,* Clerk

Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. H. B. Irwin M.D.

Address, 1821 Madison Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 94783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 11th 1887

4. Place of Birth, (Street and Number) 1926 Gough st

5. Full Name of Mother, Mary Ann Mertel

6. Mother's Maiden Name, " " Ruth

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Mertel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Pierre Geo. Dausch

Address. 1727 E. Baltimore st

Remarks. The above is a premature birth 6½ months foetus

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) Laura Gertrude Cronhardt first (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday June 11th 1887
4. Place of Birth, (Street and Number) No. 15 11 East Madison St.
5. Full Name of Mother, Mrs. Annie Lavinia Cronhardt
6. Mother's Maiden Name, Miss A. L. Clark
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. John Henry Cronhardt
9. Father's Occupation, Artist
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Clendinen M.D.

Address, No 408 North Broadway

Remarks, 418

GIVEN NAME ADDED. 6-23-53 L.M.

JUN 15 18 [illegible]

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94735.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	11th of June 1887.
4. Place of Birth (Street and Number),	2122 Jefferson Street.
5. Full Name of Mother,	Lena Klotz.
6. Mother's Maiden Name,	Lena Vogel.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	William Vogel.
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel.
Address,	213 North Chapel St. per Justina Kunkel.
Remarks,	J Delegit.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94736.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 11th 1887
4. *Place of Birth (Street and Number)*	R. 220 Bradford alley
5. *Full Name of Mother*	Eliza Boland
6. *Mother's Maiden Name*	" Dorsey
7. *Mother's Birthplace*	Cambridge Md
8. *Full Name of Father*	Joseph Boland
9. *Father's Occupation*	Junk Dealer
10. *Father's Birthplace*	Dorchester Co.
Name of Medical Attendant, or other Person who makes this Return.	City Boarding
Address	226 Central Ave
Remarks	

RETURN OF A BIRTH 9117 34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, June 11th 1887

4. Place of Birth (Street and Number), No 512 W. Preston St

5. Full Name of Mother, Alvarta Stanley

6. Mother's Maiden Name, " Sommerville

7. Mother's Birthplace, St. Marys' Co Md

8. Full Name of Father, Alfred Stanley.

9. Father's Occupation, Waiter

Father's Birthplace, St. Michaels Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

THE PROVISIONS OF THIS SECTION SHALL BE SUBJECTED TO THE FINE OF TEN (10) DOLLARS FOR EACH OFFENCE, TO BE RECOVERED AS OTHER FINES AND FORFEITURES ARE RECOVERABLE.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1887
4. *Place of Birth, (Street and Number)* No 42 Oregon St.
5. *Full Name of Mother,* Lydia Bennett
6. *Mother's Maiden Name,* Rodenmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bennett
9. *Father's Occupation,* Grocer dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Ledley

Address. No 1004 Lexington St.

Remarks,

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* June 11th 1887

4. *Place of Birth (Street and Number),* Cor. Stiles & Stemmers Al.

5. *Full Name of Mother,* Mary Jane Welsh

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Welsh

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

JUL 9 1887

BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins

Sex (state whether male or female), Males-

2. Race or Color (if not of the white race),

3. Date of Birth, May 11th 1887

4. Place of Birth (Street and Number), 109 N Poca St

5. Full Name of Mother, Lillie McNeal

6. Mother's Maiden Name, Don Know Clemster

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Andrew McNeal

9. Father's Occupation, Florist

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 412 W Hayden

Remarks,

who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 1 1887 HARTMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 44741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	June 11th 1887
Place of Birth, (Street and Number)	421 Hughes St
Full Name of Mother,	Barbara Ruppert
Mother's Maiden Name,	Barbara Wagner
Mother's Birthplace,	Md
Full Name of Father,	Lewis Ruppert
Father's Occupation,	Drug Clerk
Father's Birthplace,	Md
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address,	301 Hanover ave
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD. JUN 20 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH.

94742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth June 11th

4. Place of Birth (Street and Number) 1220 Washington Ave

5. Full Name of Mother Kate

6. Mother's Maiden Name Lotz

7. Mother's Birthplace Balto

8. Full Name of Father Louis Stroh

9. Father's Occupation Grocer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. L Rittorawek MD

Address 949 Madison Ave

Remarks

HEALTH DEPARTMENT, JUN 2 1907 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 94743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), male.
2. Race or Color (if not of the white race), white
3. Date of Birth, June 11th 1887
4. Place of Birth (Street and Number), 22 Market Sp.
5. Full Name of Mother, Mary ~~Stanislaus~~ Schelinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~John~~ Stanislaus Schelinsky
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

BALTIMORE, MD. 1887

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 11 04.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	female
Race or Color (if not of the white race),	white race
Date of Birth,	June the 11th
Place of Birth (Street and Number),	Baltimore port St No 1010
Full Name of Mother,	Jennie Buckheit Howard
Mother's Maiden Name,	
Mother's Birthplace,	Baltimore Co
Full Name of Father,	Michiel Buckheit
Father's Occupation,	laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Matthews
Address,	light St No 1514
Remarks,	

for each offence, to be recovered as other fines and f

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white race
3. Date of Birth, June the 11th
4. Place of Birth (Street and Number), Baltimore Burll St No 1514
5. Full Name of Mother, Cathrine Burl
6. Mother's Maiden Name, Kurlle
7. Mother's Birthplace, germaney
8. Full Name of Father, Henry Burl
9. Father's Occupation, labour
10. Father's Birthplace, germaney

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light St No 1514

Remarks,

BUREAU OF VITAL STATISTICS, BALTIMORE, MD.
JUN 18 1914

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color, (if not of the white race),

3. Date of Birth, June 11 1887

4. Place of Birth (Street and Number), Collington 248

5. Full Name of Mother, Virginia Frances Pidgin

6. Mother's Maiden Name, Heaton

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, John Tomas Pidgin

9. Father's Occupation, Sailor

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs Riley

Address, No 611 Patterson Park.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

94747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Eugene — Cassidy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th - 87

4. Place of Birth, (Street and Number) (old) 170 Harlem Ave

5. Full Name of Mother, Lulie Cassidy

6. Mother's Maiden Name, " Burke

7. Mother's Birthplace, Balt.

8. Full Name of Father, George Cassidy.

9. Father's Occupation, Saloon-Keeper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard Sts

Remarks, GIVEN NAME ADDED 1-29-54 L.M.

JUN 18 1887 BALTIMORE MD.

...or persons who shall hereafter fail to comply ... subjected to the fine of ten (10) dollars for each offence to be recovered as other fines ...

...c., City Printers and Stationers.

RETURN OF A BIRTH 94748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* — — —

3. *Date of Birth,* June 11th

4. *Place of Birth, (Street and Number)* No 818 Wolfe st

5. *Full Name of Mother,* Ida Schwitzer.

6. *Mother's Maiden Name,* Collins

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* Geo Schwitzer

9. *Father's Occupation,* Black smith

10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schutte.

Address, 1817 Chew St

Remarks,

HEALTH DEPARTMENT, JUN 16 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

GIVEN NAME ADDED, 9-23-63

RETURN OF A BIRTH

94749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: MARY FRANCES Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, June 11/87.
4. Place of Birth, (Street and Number) No. 71 Fort ave.
5. Full Name of Mother, Mary Ann Thomas
6. Mother's Maiden Name, " " Ferrell.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Warner C. Thomas.
9. Father's Occupation, Labor. Man.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Irvine. Geems.

Address, No. 634. Light St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE DEPARTMENT OF HEALTH JUN 15 1887 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 94750.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* —
3. *Date of Birth,* June 11 87
4. *Place of Birth (Street and Number),* 117 N. Arm St.
5. *Full Name of Mother,* Mrs. Emma Allen McCord Barnes McCauley
6. *Mother's Maiden Name,* Mrs. Emma Allen McCord Barnes
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* Charles Howard McCauley
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. Manville Lusk M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BALTIMORE, MD. JUN 13 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* ~~Colored~~ American Race. Light brown

3. *Date of Birth,* Saturday 11th 1887

4. *Place of Birth (Street and Number),* #22 Barnet St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Annie Catherine Myers. age 19 yrs

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Eggustus Hagen. Age 22 yrs

9. *Father's Occupation,* Lucky

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Fannie Myers

Address, No 22. Barnet St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

94/52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chill of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	12th June
4. Place of Birth (Street and Number),	300 Eden st.
5. Full Name of Mother,	Lizzie Heit
6. Mother's Maiden Name,	Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Heit
9. Father's Occupation,	Labour
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	"

JUN 28 1907 BALTIMORE, MD.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94753.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 12 – 87

4. Place of Birth (Street and Number), 110 Patterson Park Ave

5. Full Name of Mother, Annie M. Tyler

6. Mother's Maiden Name, " " Lindeman

7. Mother's Birthplace, Balto

8. Full Name of Father, George M. D. Tyler

9. Father's Occupation, Can maker

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

JUN 30 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94754.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 12 1887.
4. Place of Birth (Street and Number),	9135 William st
5. Full Name of Mother,	Anna Wener.
6. Mother's Maiden Name,	Decg.
7. Mother's Birthplace,	America.
8. Full Name of Father,	John Wener
9. Father's Occupation,	Plumer.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife
Address,	1032 Hanover st
Remarks,	

JUN 21 1887 BALTIMORE CO.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 12. 5-30 P.M. 1847

4. *Place of Birth (Street and Number),* 816 West Balt st

5. *Full Name of Mother,* Louisa Uhland

6. *Mother's Maiden Name,* Louisa Meyer

7. *Mother's Birthplace,* Balte

8. *Full Name of Father,* John C. Uhland

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Mammel. Midwife

Address, #625 Saratoga st

Remarks,

HEALTH DEPARTMENT BALTIMORE JUN 22 1847

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94756.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 12, 1887
4. Place of Birth (Street and Number),	703 Rowe St.
5. Full Name of Mother,	Mary Pulley
6. Mother's Maiden Name,	Mary Betsch
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Pulley
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

BIRTH JUN 22 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of the Act, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94757.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 20 1888 BALTIMORE, MD.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth — June 12th 1887
4. Place of Birth (Street and Number) — 118 S. Exeter
5. Full Name of Mother — Kate Heaphy Hennessey
6. Mother's Maiden Name — Kate Heaphy
7. Mother's Birthplace — Balt. Md
8. Full Name of Father — John Hennessey
9. Father's Occupation — Clerk
10. Father's Birthplace — Baltimore

Name of Medical Attendant, or other Person who makes this Return. — Thos. S. Latimer

Address — 1213 Eutaw Place

Remarks — No anaesthetics. Extreme pain
Child died in two hrs after birth

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 (94758)

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, June 12

Place of Birth, (Street and Number) 4011 chastle St

Full Name of Mother, maga barry

Mother's Maiden Name, maga kane

Mother's Birthplace, baltimor

Full Name of Father, John barry

Father's Occupation, shiping chark

Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Pertner

Address, 241 Chester St

Remarks,

HEALTH DEPARTMENT JUN 18 17 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 94759.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3
2. *Sex (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* Colored
4. *Date of Birth* June 12. 1887
5. *Place of Birth, (Street and Number)* 106 North Dallas St.
6. *Full Name of Mother* Alice Owens
7. *Mother's Maiden Name* Alice Cooper
8. *Mother's Birthplace* Baltimore
9. *Full Name of Father* John Owens
10. *Father's Occupation* Dray Driver
11. *Father's Birthplace* Baltimore
12. *Name of Medical Attendant,* or other Person who makes this Return. Harriet Burton
13. *Address* 1416 Hollan St
14. *Remarks*

RETURN OF A BIRTH 94/60.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 12/87
4. Place of Birth, (Street and Number)	260 Robert St.
5. Full Name of Mother,	Alice Moore
6. Mother's Maiden Name,	Alice Hopkins
7. Mother's Birthplace,	Bald. city
8. Full Name of Father,	Nathaniel Moore
9. Father's Occupation,	Book-Keeper
10. Father's Birthplace,	Bald. city
Name of Medical Attendant, or other Person who makes this Return.	Rich. Mansfield M.D.
Address,	129 So Broadway
Remarks,	

HEALTH DEPARTMENT JUN 23 1887 BALTIMORE MD.

Reports are made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94761.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nine

1. *Sex (state whether male or female),*

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* June 12th 1889.

4. *Place of Birth (Street and Number),* No. 503 Bank St.

5. *Full Name of Mother,* Lizzie Baer

6. *Mother's Maiden Name,* " Keller

7. *Mother's Birthplace,* New York City

8. *Full Name of Father,* Geo Baer

9. *Father's Occupation,* Salesmen

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Katie Lynch

Address, 900 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Nichols Co., City Printers and Stationers.

RETURN OF A BIRTH 94762.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 12th 1887
4. Place of Birth (Street and Number), 206 Camden St
5. Full Name of Mother, Cecelia Pfaffarkorn
6. Mother's Maiden Name, " Einstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Pfaffarkorn
9. Father's Occupation, Grocerman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St. Pr. L.B.

Remarks,

JUN 12 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94/62.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

Sex, (state whether male or female) Female.

2. *Race or Color (if not of the white race)* White race.

3. *Date of Birth,* June. 13/87.

4. *Place of Birth, (Street and Number)* Ana'andale, Co. Md.

5. *Full Name of Mother,* Rosa. Marcial

6. *Mother's Maiden Name,* " Hayes.

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Joseph. Marcial

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Jennie. Grant

Address, No. 634. Light St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

GIVEN NAME ADDED 6-12-50

RETURN OF A BIRTH

94764.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Maud Nicodemus

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12/87

4. Place of Birth, (Street and Number) 227 N. Calhoun St

5. Full Name of Mother, Sallie A Nicodemus

6. Mother's Maiden Name, " " Emick.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles A Nicodemus

9. Father's Occupation, Book-Keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas Obie M.D.

Address, 600 N. Howard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

94765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 12/87

4. *Place of Birth, (Street and Number)* 87 S. Leach St

5. *Full Name of Mother,* Bridget Garrison

6. *Mother's Maiden Name,* Bridget Doyle

7. *Mother's Birthplace,* Richmond, Va.

8. *Full Name of Father,* Horace Garrison

9. *Father's Occupation,* Huckster

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm R Goldsmith

Address, 87 Leach St

Remarks, O.K. C

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94766.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday June 12th 1887
4. *Place of Birth, (Street and Number)* Mullikin Street Between ann Bud (1751)
5. *Full Name of Mother,* Lizzie Wheatley
6. *Mother's Maiden Name,* Lizzie Christy
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* John Wheatly
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Mondoughn

Address, 102 Durham

Remarks,

HEALTH DEPARTMENT
JUN 16 1887
BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this Return, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

~~GIVEN NAME~~ ADDED 7-18-50

RETURN OF A BIRTH

94767.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carrie Burgunder

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, June 12th /87.
4. Place of Birth (Street and Number), 1513. McCullough St.
5. Full Name of Mother, Rose Burgunder.
6. Mother's Maiden Name, Rose Berner.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Henry Burgunder.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Kozed, Md.

Address, 662. W. Lexington St.

Remarks,

HEALTH DEPARTMENT, NOV 14 1887, BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 14768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Whit

3. Date of Birth, 12 of Juni

4. Place of Birth (Street and Number), 114 Patterson Park Rd

5. Full Name of Mother, Sophronia Webster

6. Mother's Maiden Name, Sophronia Tenkersley

7. Mother's Birthplace, Somerset Co M.D.

8. Full Name of Father, Eward Webster

9. Father's Occupation, Laborer

Father's Birthplace, Sommerset Count, M.D.

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hill

Address, 207 N. Castle Street

Remarks,

HEALTH DEPARTMENT, JUN 18 1901 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 13/87

4. *Place of Birth, (Street and Number)* W Fayette

5. *Full Name of Mother,* Mary Hartman

6. *Mother's Maiden Name,* " Straus

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Henry Hartman

9. *Father's Occupation,* Wholesale Clothier

Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie MD

Address, 600 N. Howard St.

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94770.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Earle V. Graham
3. *Date of Birth,* June 13th 1887.
4. *Place of Birth (Street and Number),* 2309 Canton Avenue
5. *Full Name of Mother,* Catherine Graham
6. *Mother's Maiden Name,* Catherine Heim
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Thomas Holiday Hicks Graham
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* 356 Canton Avenue Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks, Called in Doctor Gately

Full name added by mother when applying for transcript G Catherine Graham

6/16/31 L. E. Wehm Reg. Mother

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 9n771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	This, my first child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	W. White Child
3. Date of Birth,	Was Born Monday June 13th 1887
4. Place of Birth (Street and Number),	Born at 1107 Burgundy Street
5. Full Name of Mother,	Miss Louisa Meyer
6. Mother's Maiden Name,	[redacted] Miss Louisa Meyer
7. Mother's Birthplace,	Was born Burgundy Street No 97
8. Full Name of Father,	John Theodore Meyer
9. Father's Occupation,	Cart Driver
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	~~Dr~~ Mrs Bange
Address,	711 Cross St,
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), female

2. Race or Color (if not of the white race),

3. Date of Birth, June 13th 1887

4. Place of Birth (Street and Number), Baltimore City

5. Full Name of Mother, Lizzie Ennis

6. Mother's Maiden Name, Lizzie Schaar

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Robert Ennis

9. Father's Occupation, Laborer

10. Father's Birthplace, U S A

Name of Medical Attendant, or other person who makes this Return. Miss Mary Shaffer

Address, 1139 Ridgley St

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18 June

4. *Place of Birth (Street and Number),* 1432 Gough St.

5. *Full Name of Mother,* Barbara Kendall

6. *Mother's Maiden Name,* " Stengal

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* John Kendall

9. *Father's Occupation,* Boiler Maker

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Uhlig

Address, 1302 Hollins St

Remarks, Balto.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 94774.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 13th
4. *Place of Birth (Street and Number),* 418 Perry St
5. *Full Name of Mother,* Matilda Carter
6. *Mother's Maiden Name,* Matilda Jaite
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Benjamin F. Carter
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, Hilligonda Slifer

Remarks, 529 Columbia Ave

JUN 17 1937 BALTIMORE MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/87
4. Place of Birth, (Street and Number) 8 York St
5. Full Name of Mother, Rosa Feather
6. Mother's Maiden Name, Rosa Bernstein
7. Mother's Birthplace, Russa.
8. Full Name of Father, Moses Feather
9. Father's Occupation, Peddler
10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return, Mrs R Goldsmith

Address, 87 Sharp St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 94776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 13th
4. Place of Birth (Street and Number),	1031 Greenmount ave
5. Full Name of Mother,	Whenford Dumpery
6. Mother's Maiden Name,	" Durken
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	John Dumpery
9. Father's Occupation,	Saborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay St
Remarks,	

HEALTH DEPARTMENT, JUN 18 17 BALTIMORE

Who shall hereafter fail to comply with the provisions of this section, or shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 & 4 Child
Sex (state whether male or female),	Both Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 13 1887.
4. *Place of Birth (Street and Number),*	1110 Leadenhall st
5. *Full Name of Mother,*	Mary Nicols
6. *Mother's Maiden Name,*	Zapf
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Henry Nicols
9. *Father's Occupation,*	Shoe-maker
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

JAN 21 1887

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Carrie Wilmoore Baltimore

1. Sex, (state whether male or female) male Child
2. Race or Color, (if not of the white race) Corald Child
3. Date of Birth. june the 13
4. Place of Birth, (Street and Number) Baltimore Bochimion Court 20010
5. Full Name of Mother, Carrie Reason
6. Mother's Maiden Name, Carrie Wilmoore
7. Mother's Birthplace Baltimore
8. Full Name of Father, George Reason
9. Father's Occupation, Sailor
10. Father's Birthplace, Deleware

Name of Medical Attendant, or other Person who makes this Return. Mary Dougherty

Address, 20006

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 15 1900

...ch can only use to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 44779.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 13th 1887
4. *Place of Birth, (Street and Number)*	New No 1423 Johnson al-
5. *Full Name of Mother,*	Kate Whittle
6. *Mother's Maiden Name,*	Kate Hulsman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father.*	Charles A Whittle
9. *Father's Occupation,*	Ship Builder
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	L B Pacetti MD
Address,	1124 Druid Hill ave
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94780.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 13th 1887
4. *Place of Birth (Street and Number),* 245 Wolf st
5. *Full Name of Mother,* Mary Wilhanon
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Furniture Factory City
8. *Full Name of Father,* August Wilhan
9. *Father's Occupation,*
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1244 Bank st

Remarks,

BIRTH DEPARTMENT JUL 7 1887 BALTIMORE CITY

...ishing Co., City Printers and Stationers.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-13-55

RETURN OF A BIRTH 94781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stella Copper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ta

1. Sex (state whether male or female), Fiemal

2. Race or Color (if not of the white race), Colared

3. Date of Birth, June 13th 1887

4. Place of Birth (Street and Number), 711 Chestnut Alley

5. Full Name of Mother, Mary Copper

6. Mother's Maiden Name, 1 1 1 Thomas

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Johen Copper

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 710 Tyson st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94782.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child.
Sex (state whether male or female),	Male.
Race or Color (if not of the white race),	White
Date of Birth,	13th June.
Place of Birth (Street and Number),	141. E. West St Baltimore
Full Name of Mother,	Lena. Schuster.
Mother's Maiden Name,	Lena Bertha. Nieman
Mother's Birthplace,	Baltimore
Full Name of Father,	John. L. Schuster.
Father's Occupation,	Police Officer.
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katie Sprunck
Address,	800 Leadenhall St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94/83.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether male or female),* Female Fanie
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 13 th 1887
4. *Place of Birth (Street and Number),* Orleans st
5. *Full Name of Mother,* Ester Mittelitz
6. *Mother's Maiden Name,* Ester Cohn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Same Mittelitz
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103.

Remarks,

BALTIMORE, MD. BALTIMORE, MD. JUL 2 1887

...ishing Co., City Printers and Stationers

...ns shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ta

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* June 13th
4. *Place of Birth (Street and Number),* 1520 Etting street
5. *Full Name of Mother,* Elzebeth Hammond
6. *Mother's Maiden Name,* Glascoway
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Charles Washington Hammond
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Eastern shore Md

Name of Medical Attendant, or other person who makes this Return. Anne Johnson

Address, 710 Tyson street

Remarks,

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	13 day of June
4. Place of Birth (Street and Number),	426 Biddle st
5. Full Name of Mother,	Ester E. Jackson
6. Mother's Maiden Name,	Ester E. Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm F Jackson
9. Father's Occupation,	Public Waiter
10. Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Dr ... Johnson
Address,	110 Tyson street
Remarks,	

...ns of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13 1887

4. Place of Birth, (Street and Number) Greenst 204 St

5. Full Name of Mother, Emily Theisy

6. Mother's Maiden Name, Emily Long

7. Mother's Birthplace, Baltime

8. Full Name of Father, John Long

9. Father's Occupation, Clerk

10. Father's Birthplace, pennsylaina

Name of Medical Attendant, or other Person who makes this Return. Charine Withell

Address, Clanday Ally 112th

Remarks,

HEALTH DEPARTMENT JUL 25 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94787.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	13th June, 1887
4. Place of Birth (Street and Number),	304 Eden st.
5. Full Name of Mother,	Alice Jennet
6. Mother's Maiden Name,	Fiehls
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Walter Jennet
9. Father's Occupation,	Goes to Sea
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

BEATTY JUN 28 1887 BALTIMORE

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th
4. *Place of Birth, (Street and Number)* 217 E. Montgomery St
5. *Full Name of Mother,* Wilhelmina Wehage
6. *Mother's Maiden Name,* Wilhelmina Clipper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Anthony Wehage
9. *Father's Occupation.* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, No. 400 Cathedral St

Remarks,

HEALTH DEPARTMENT JUL 1 1897 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH. 94789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Gave Birth to Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* Born June 13th 1887
4. *Place of Birth, (Street and Number)* Baltimore 821 Parish Alley
5. *Full Name of Mother,* Sophie Gout
6. *Mother's Maiden Name,* Sophie Clinton
7. *Mother's Birthplace,* Calbert Co Md
8. *Full Name of Father,* Elelander Gout
9. *Father's Occupation,* Stone Gurry
10. *Father's Birthplace,* Calbert Co Md

Name of Medical Attendant, or other Person who makes this Return. Mary Catherine Jones.

Address, ~~Hp~~ 821 Perish Ally

Remarks,

...y & Co., City Printers and Stationers.

...shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94790.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	White
3. Date of Birth,	13th day of June 1898
4. Place of Birth (Street and Number),	Baltimore Maryland 269 Fremont Ave.
5. Full Name of Mother,	Ophelia Snyder
6. Mother's Maiden Name,	" Egger
7. Mother's Birthplace,	Baltimore Maryland
8. Full Name of Father,	John G Snyder
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs. Gunter.
Address,	217 N. Schroeder.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 21 1898 BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 4 791.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 13th
4. Place of Birth (Street and Number),	1412 Fritchman St
5. Full Name of Mother,	Virginia Shepard
6. Mother's Maiden Name,	" Bamberger
7. Mother's Birthplace,	Balto
8. Full Name of Father,	August Shepard
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Gay St
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94792.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — — — —

3. Date of Birth, June 13 th

4. Place of Birth, (Street and Number) 920 Chester

5. Full Name of Mother, Francis Mehrbrie

6. Mother's Maiden Name, Bates

7. Mother's Birthplace, Balto city

8. Full Name of Father, Ambrose Mehrbrie

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Schutte

Address, 1817 Aiken St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94793.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of~~ the white race)
3. Date of Birth, 6.13.87.
4. Place of Birth, (Street and Number) 584 N. Gay St
5. Full Name of Mother, Sarah D. Graham
6. Mother's Maiden Name, Sutherland
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, John A Graham
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. W. W. Eastman

Address, 349 Lock

Remarks,

HEALTH DEPARTMENT, JUN 16 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be prosecuted to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH. 94794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11.

Sex, (state whether male or female) female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* same day

4. *Place of Birth (Street and Number)* 930

5. *Full Name of Mother,* Mary Rorte

6. *Mother's Maiden Name,* Mary Rorter

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Rorte

9. *Father's Occupation,* Oyster Getter.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Schuman

Address, Canton Ave 1434

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94795.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9. Children

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Light brown Skin

3. Date of Birth, June the 14

4. Place of Birth, (Street and Number) 1600 Etting St.

5. Full Name of Mother, Haritt Menskey

6. Mother's Maiden Name, Haritt Gosnell

7. Mother's Birthplace, Balto City

8. Full Name of Father, William Henry Menskey.

9. Father's Occupation, Coachman

10. Father's Birthplace, Caroll County

Name of Medical Attendant, or other Person who makes this Return Haritt Hammon.

Address, No 221 Arch St

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUN 16 1897

...ERS AND STATIONERS

RETURN OF A BIRTH 94796.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 14th 1887
4. Place of Birth, (Street and Number) 1113 Clarkson Alley
5. Full Name of Mother, Susana Spriddle
6. Mother's Maiden Name, Susana Spriddle
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William H. Butts
9. Father's Occupation,
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 58 West St.

Remarks,

BALTIMORE CITY, JUN 2 ... BALTIMORE CITY

RETURN OF A BIRTH 94797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 14 June 1887

4. *Place of Birth, (Street and Number)* Bayard Street 1347 near Ridgely

5. *Full Name of Mother,* Maria Magdalena Roth

6. *Mother's Maiden Name,* Maria Magdalena Scheuler

7. *Mother's Birthplace,* Ettlingen, Baden.

8. *Full Name of Father,* Andreas Roth

9. *Father's Occupation,* Brewmaster

10. *Father's Birthplace,* Neuhausen - Baden

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 720 N. Howard Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 91798.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 14th

4. *Place of Birth (Street and Number),* 737 West Pratt st

5. *Full Name of Mother,* Mary Bergin

6. *Mother's Maiden Name,* Mary Zwanzger

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Dennis Bergin

9. *Father's Occupation,* Watchman

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9-1799.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 14-87
4. Place of Birth (Street and Number),	1408 N^c Eldersy St
5. Full Name of Mother,	Harriet ~~E.~~ V. Booze
6. Mother's Maiden Name,	" " Simpson
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm E. Booze
9. Father's Occupation,	Letter Carrier
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary D. Allwell
Address,	912 Mc Donogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. JUN 30 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	14th June
4. *Place of Birth (Street and Number),*	905 N Eden St
5. *Full Name of Mother,*	Elizabeth Ann Peregory
6. *Mother's Maiden Name,*	" " Sparks
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Isaac C Peregory
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 N. Gay St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	June 14th. 1887
4. *Place of Birth (Street and Number),*	1935 E. Monument St.
5. *Full Name of Mother,*	L. Pritchard
6. *Mother's Maiden Name,*	L. Teese
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm. Pritchard
9. *Father's Occupation,*	Shirt Ironer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	Ill Fed

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94802.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1130 Jenkins Alley 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 14th of May 1897.

4. Place of Birth, (Street and Number) No 1130 Jenkins Alley.

5. Full Name of Mother, Virginia Cummins

6. Mother's Maiden Name, Virginia Hicks

7. Mother's Birthplace, Norfolk Va

8. Full Name of Father, Robert Beardly

9. Father's Occupation, Watchman

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Rosella Grant

Address, 1130 Jenkins Alley

Remarks, None

TERS AND STATIONERS

RETURN OF A BIRTH 94803.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), Female

2. ~~Race or Color~~ (if not of the white race),

3. Date of Birth, June 14

4. Place of Birth (Street and Number), Light 1709

5. Full Name of Mother, Minnia Weaver

6. Mother's Maiden Name, Minnia Seibel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C Weaver

9. Father's Occupation, Butcher

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 9 1897

BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Jacob George Link

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 14, 1857

4. Place of Birth, (Street and Number) 19 N. Washington St. Balto. Md.

5. Full Name of Mother, Annie (Link) Link

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, George (Link) Link

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Milton Ave. Balto. Md.

Remarks, CERTIFICATE CORRECTED 12-7-51

City Printers and Stationers.

RETURN OF A BIRTH 94805.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1 " June 1887
4. Place of Birth (Street and Number),	No 1016 Boyd st
5. Full Name of Mother,	M R Gault
6. Mother's Maiden Name,	" " Shivis
7. Mother's Birthplace,	Baltimore
Full Name of Father,	W H Gault
8. Father's Occupation,	Saloon keper
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	C Seebach
Address,	No 735 N Paca st
Remarks,	

HEALTH DEPARTMENT BALTIMORE

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94806.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) femle

2. Race or Color, (if not of the white race) (14) Broon Skin

3. Date of Birth, 1 U.th

4. Place of Birth, (Street and Number) 629 Pin allie

5. Full Name of Mother, finney Milley

6. Mother's Maiden Name, The. Seme

7. Mother's Birthplace, Chris County Verginia

8. Full Name of Father, father on nowen

9. Father's Occupation, not. Know

10. Father's Birthplace. not Know

Name of Medical Attendant, or other Person who makes this Return Harrt. Hammond

Address, 227 arch. St

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUN 16 1897

TERS AND STATIONERS

RETURN OF A BIRTH 94807.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 13th 1887

4. *Place of Birth, (Street and Number)* 338 Mosher st

5. *Full Name of Mother,* Hattie Lewis

6. *Mother's Maiden Name,* Hattie Dreyer

7. *Mother's Birthplace,* Baltimore City Md

8. *Full Name of Father,* William Henry Lewis

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return J. O. Heinemann

Address, 242 Franklin Street

Remarks,

BALTIMORE CITY REGISTRAR OF VITAL STATISTICS JUN 22 1887

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 94808.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 15 - 1857
4. *Place of Birth (Street and Number)* no 865 Pine St Balto
5. *Full Name of Mother,* Libby Howard
6. *Mother's Maiden Name,* Libby Howard
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* David Howard
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other Person who makes this Return. Ellen Freeman

Address, 1023 Pratt St

Remarks, none

BALTIMORE CITY REGISTRAR JUN 27 1857

...provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

94809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* June 15 1887
5. *Place of Birth, (Street and Number)* Holland St B3 1/2 W
6. *Full Name of Mother;* Frances Wood
7. *Mother's Maiden Name,* Frances Coppard
8. *Mother's Birthplace,* Baltimore Md
9. *Full Name of Father,* Charles Wood
10. *Father's Occupation,* Grocer Master
11. *Father's Birthplace,* Frederick Md
12. *Name of Medical Attendant,* or other Person who makes this Return. C. Warren Mitchell
13. *Address,* Clarendon Hotel
14. *Remarks,*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 15
4. Place of Birth (Street and Number),	131 Linden Ave
5. Full Name of Mother,	Belle Ulrich
6. Mother's Maiden Name,	Cane
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Clauen Ulrich
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Carlisle
Name of Medical Attendant, or other person who makes this Return.	H Nihlsan
Address,	1008 Mad Ave
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

Over

RETURN OF A BIRTH 94811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Lucy Clare Finley
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 15
4. Place of Birth (Street and Number),	Druid Hill Av. & Broome St
5. Full Name of Mother,	Lucy Findley (Finley)
6. Mother's Maiden Name,	Hank
7. Mother's Birthplace,	Balt.
8. Full Name of Father, (William H Finley)	John F Findley
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Hutchison
Address,	1008 Mad. Av
Remarks,	

HEALTH DEPARTMENT, JUL 2 1886 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Fem

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 15 June

4. *Place of Birth, (Street and Number)* 1006 Madison Street

5. *Full Name of Mother,* Madeleine Boegner

6. *Mother's Maiden Name,* = Meininger

7. *Mother's Birthplace,* Hofheim Baiern

8. *Full Name of Father,* Caspar Boegner

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Thumpfuchshausen Baiern

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15th June
4. *Place of Birth (Street and Number),* 815 Butler al
5. *Full Name of Mother,* Lena Lettau
6. *Mother's Maiden Name,* Lena Shadell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernhard August Lettau
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bosieu

Address, Sharp & Hiff 927

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94814.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 15th 1887
4. *Place of Birth (Street and Number),* New No. 117 South Eutaw
5. *Full Name of Mother,* Theckla Katharine Tauszky
6. *Mother's Maiden Name,* Do Do Lutz
7. *Mother's Birthplace,* Philadelphia, Pa.
8. *Full Name of Father,* Gustav A. Tauszky
9. *Father's Occupation,* Manager Vienna Wodel Bakery
10. *Father's Birthplace,* Buda-pesth Austria-Hungary Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Manner Midwife

Address, #625 Saratoga St.

Remarks,

BALTIMORE DEPARTMENT JUN 22 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94815.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 15 — 1887.
4. Place of Birth (Street and Number),	1724 Hanover st.
5. Full Name of Mother,	Mary Eckert.
6. Mother's Maiden Name,	Stange.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Henry Eckert.
9. Father's Occupation,	Cutlery.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUN 21 1887

BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Kaethe Albrecht.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
Sex (state whether male or female),	Female.
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 15 — 1887.
4. *Place of Birth (Street and Number),*	578 West St.
5. *Full Name of Mother,*	Anna Albrecht.
6. *Mother's Maiden Name,*	Steinbock.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Fred Albrecht.
9. *Father's Occupation,*	Restaurant.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser Midwife
Address,	1032 Hanover St.
Remarks,	

JUN 21 1887

who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94817.

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Georguis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 15th 1887
4. Place of Birth (Street and Number), 815 Saratoga
5. Full Name of Mother, Agnus Georguis
6. Mother's Maiden Name, Agnus Schulze
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, John Georguis
9. Father's Occupation, Paper Carrier
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. C Seebach

Address, No 735 W Pratt street

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. 1887

...ishing Co. City Printers and Stationers.

...ns shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* male Lowe

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 15th 1887

4. *Place of Birth (Street and Number),* Plamen st

5. *Full Name of Mother,* Lena Goldsten

6. *Mother's Maiden Name,* Lena Heller

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Banet Goldsten

9. *Father's Occupation,* Pedler

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), male Same Davis
2. Race or Color (if not of the white race), White
3. Date of Birth, June 15th 1887
4. Place of Birth (Street and Number), High St 133
5. Full Name of Mother, Betta Branski
6. Mother's Maiden Name, Betta Winakur
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Branski
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103.

Remarks,

HEALTH DEPARTMENT JUN 7 1887 BALTIMORE, MD.

...shing Co., City Printers and Stationers

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (~~state whether~~ male ~~or female~~),*
2. *Race or Color (~~if not of the~~ white race),*
3. *Date of Birth,* 15th (2 a.m.) June 1887.
4. *Place of Birth (Street and Number),* 1214 Ensor St.
5. *Full Name of Mother,* Mrs Mary Braden
6. *Mother's Maiden Name,* Miss Glenn
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Lemuel C. Braden
9. *Father's Occupation,* Baggage Master N C R.W.
10. *Father's Birthplace,* Balto Md
11. *Name of Medical Attendant,* or other person who makes this Return. B. T. Leonard MD
12. *Address,* 313 N. Charles St.
13. *Remarks,*

HEALTH DEPARTMENT BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Joseph Frey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 13th 1887
4. Place of Birth (Street and Number),	613 Brune st
5. Full Name of Mother,	Clara Elizabeth Frey
6. Mother's Maiden Name,	" " Barlow.
7. Mother's Birthplace,	Druid Hill Ave near Biddle.
8. Full Name of Father,	Adolph Frey
9. Father's Occupation,	Collector.
10. Father's Birthplace,	Preston near Druid Hill Ave.
Name of Medical Attendant, or other person who makes this Return.	Susan Stuntz
Address,	23 N Poppleton St
Remarks,	GIVEN NAME ADDED 3-31-54 L.M.

HEALTH DEPARTMENT JUN 29 1887 BALTIMORE

who shall forever fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94822.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th,
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 15, 1887
4. Place of Birth (Street and Number),	2521 Alice Anna St.
5. Full Name of Mother,	Elizabeth Hesniner
6. Mother's Maiden Name,	Elizabeth Epinhous
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Leonard Hesniner
9. Father's Occupation,	Labour
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

BEALTH DEPARTMENT JUN 22 1887 BALTIMORE

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

9 1823.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child,
2. *Sex (state whether male or female)* Female,
3. *Race or Color (if not of the white race)* White race,
4. *Date of Birth* June 15. 1887.
5. *Place of Birth (Street and Number)* No 920 Druidhill avenue
6. *Full Name of Mother* Maggie Reis.
7. *Mother's Maiden Name* Maggie Hucht,
8. *Mother's Birthplace* in Baltimore,
9. *Full Name of Father* Peter Reis,
10. *Father's Occupation* Shoe Cutter,
11. *Father's Birthplace* in Baltimore,

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Gelbe No 538 Bethel Alley

Remarks

RETURN OF A BIRTH 94824.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 15th 1887
4. *Place of Birth (Street and Number),* 1427 Battery Ave
5. *Full Name of Mother,* Annie H. Archer
6. *Mother's Maiden Name,* " " Young
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Levin J. Archer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D.

Address, 578 Hanover St. Pa Ave

Remarks,

HEALTH DEPARTMENT, JUN 18 1887, BALTIMORE, MD.

for each offence, to be recovered as other [illegible] for [illegible] recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

94825.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, (15th) June 15th/87
4. Place of Birth, (Street and Number) 107 S. Fulton Ave
5. Full Name of Mother, Minnie A ~~[illegible]~~ Wier
6. Mother's Maiden Name, Weinhold
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John B. Wier
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie

Address, 600 N. Howard St

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 16 '87

...or persons who shall hereafter fail to comply with ... for each offence to be recovered as other fines ...

...o., City Printers and Stationers.

RETURN OF A BIRTH 94826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* June 15th
4. *Place of Birth (Street and Number),* 806 Lo: Fremont st
5. *Full Name of Mother,* Julia Smith
6. *Mother's Maiden Name,* Julia Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Shirt Cutter
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return. Heelgonda Clifford

Address, 529 Columbia Ave

Remarks,

for each offence, to be recovered as other fines are recovered.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 94827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* June the 16th
4. *Place of Birth (Street and Number),* Baltimore port St No 220
5. *Full Name of Mother,* Julia Johnson
6. *Mother's Maiden Name,* foxwell
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* william H Johnson
9. *Father's Occupation,* Borter maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light St No 1514

Remarks,

BUREAU OF VITAL STATISTICS DEPARTMENT OF HEALTH BALTIMORE, MD.

This section shall be subjected to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94828.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child.

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race),
3. Date of Birth, June 16 — 1887
4. Place of Birth (Street and Number), 1214 William st.
5. Full Name of Mother, Louise Schmoke
6. Mother's Maiden Name, Bopp
7. Mother's Birthplace, America.
8. Full Name of Father, George Schmoke
9. Father's Occupation, Upholstrer.
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife

Address, 1032 Hanover st.

Remarks,

HEALTH BALTIMORE, MD. JUN 21 1887

who shall hereafter fail to comply with the provisions of [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1887
4. Place of Birth (Street and Number)	730½ Franklin St.
5. Full Name of Mother	Mary Marcellina Lally
6. Mother's Maiden Name	Byrne
7. Mother's Birthplace	Balto. City, Md.
8. Full Name of Father	James Edward Lally
9. Father's Occupation	wagon-builder
10. Father's Birthplace	Balto. City Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Knight M.D.
Address	414 N. Greene
Remarks	

HEALTH DEPARTMENT BALTIMORE CITY JAN 20 1888

RETURN OF A BIRTH 94830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 16th 1887
4. *Place of Birth (Street and Number),* #620 Forrest St
5. *Full Name of Mother,* Theresa Krumpet
6. *Mother's Maiden Name,* " Topp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm Krumpet
9. *Father's Occupation,* Plummer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Killegust

Address, #1820 Monument St

Remarks, 1038 (New Number)

BEALTH DEPARTMENT, BALTIMORE, MD. JUL 1887

...ishing Co., City Printers and Stationers

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Italian
3. *Date of Birth,* June 16th 1887
4. *Place of Birth (Street and Number),* No. 5 Tissier St.
5. *Full Name of Mother,* Hanies Salvatorie
6. *Mother's Maiden Name,* " Spiguzza
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* P. Salvatorie
9. *Father's Occupation,* Fruit-Huckster
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

HEALTH DEPARTMENT JUN 29 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94832.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*)

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth* June 16 1887

4. *Place of Birth*, (*Street and Number*) 1429 Linden Avenue

5. *Full Name of Mother*, Ida Mealy

6. *Mothers Maiden Name*, Ida Hurst

7. *Mothers Birthplace*,

8. *Full Name of Father*, John Mealy

9. *Father's Occupation*, Seaman

10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patten M D

Address, 162 Franklin "

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 16 June 87
4. Place of Birth (Street and Number), Shagel near Hoffman Street
5. Full Name of Mother, Rose Busky
6. Mother's Maiden Name, Rose Sleicher
7. Mother's Birthplace, Germany
8. Full Name of Father, John Busky
9. Father's Occupation, Carriever
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Lone Brown

Address, 1600 W Chester Street

Remarks,

HEALTH DEPARTMENT, JUL 9 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

king Co., City Printers and Stationers

RETURN OF A BIRTH 94834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	June 16th 1887
4. *Place of Birth (Street and Number),*	549 Oxford street
5. *Full Name of Mother,*	Mary E Gordon
6. *Mother's Maiden Name,*	Mary E Mulock
7. *Mother's Birthplace,*	Dorchester co. Va.
8. *Full Name of Father,*	John Gordon
9. *Father's Occupation,*	Brick maker
10. *Father's Birthplace,*	Norfolk. Va
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	434 W. Monument st
Remarks,	

BALTIMORE, MD. JUN 17 1887

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 16/87
4. *Place of Birth, (Street and Number)* No 232 S. Fremont Ave
5. *Full Name of Mother,* Annie Geyer
6. *Mother's Maiden Name,* " Jacobs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adam Geyer
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H. L. Spiasmo

Address, 855 W. Lombard Pl

Remarks,

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94836.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex (state whether male or female), Boy.
2. Race or Color (if not of the white race), White.
3. Date of Birth, 16th of June 1887.
4. Place of Birth (Street and Number), 241 Hamstead street
5. Full Name of Mother, Lizzie Herr.
6. Mother's Maiden Name, Lizzie Fig.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mick Fig.
9. Father's Occupation, Cutter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel street per Justina Kunkel.

Remarks, Healthy.

BRALTH DEPARTMENT, JUN 18 1887, BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94837.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 16 –
4. *Place of Birth, (Street and Number)* 808 N C Avenue
5. *Full Name of Mother,* Sadie Clark
6. *Mother's Maiden Name,* Sadie Steigleman
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Wm Clark
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Daniel V Moyer MD

Address, 728 Aisquith St

Remarks, City

HEALTH DEPARTMENT, BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)

Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth, 6.17.87.

4. Place of Birth, (Street and Number) 213 N. Fremont St.

5. Full Name of Mother, Minna Johannes

6. Mother's Maiden Name, Brauns

7. Mother's Birthplace, Chicago, Ill.

8. Full Name of Father, Geo. Johannes

9. Father's Occupation, Pastor

10. Father's Birthplace, Missouri

Name of Medical Attendant, or other Person who makes this Return. Lewis M. Eastman

Address, ~~27~~ 772 Leed

Remarks, M

BELLEVUE, JUN 17 1887 BALTIMORE, MD.

for each offense to be recovered as other fines ... City Printers and Stationers.

RETURN OF A BIRTH 94839.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex (state whether male or female), Female

Race or Color (if not of the white race), White

3. Date of Birth, The 17 of June 1887

4. Place of Birth (Street and Number), No 1041 Hoyerdke

5. Full Name of Mother, Hannah Cooney

6. Mother's Maiden Name, Hannah Kerry

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Cooney

9. Father's Occupation, Laber

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mr Ch Lauer

Address, No 1059 Hoyerdke

Remarks, Bal Md

1887

HEALTH DEPARTMENT JUN 20 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, 17th June 1887
4. Place of Birth (Street and Number), Cor. Front st. & Plowman
5. Full Name of Mother, Rosa Schwartzburg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, P. Schwartzburg
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

BALTIMORE, MD. JUL 7 1887

who shall hereafter fail to comply with the provisions of this section, is subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94841.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 17th 1887

4. Place of Birth (Street and Number) Cor. Preston and Holbrook Sts

5. Full Name of Mother Mary F. Hengel

6. Mother's Maiden Name Mary F. Lewis

7. Mother's Birthplace Greenspring Valley Balto. Co. Md.

8. Full Name of Father Andrew J. Hengel

9. Father's Occupation Grocer

10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 1301 N. Central Av

Remarks

HEALTH DEPARTMENT, JUL 2 1887 BALTIMORE, MD.

RETURN OF A BIRTH 94842.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 17th 1887
4. *Place of Birth (Street and Number),* 247 Gough st
5. *Full Name of Mother,* Amelier Tomal
6. *Mother's Maiden Name,* " " Gipmyre
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Tomal
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT JUN 7 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94843.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth (8th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1887
4. Place of Birth, (Street and Number) Duncan alley near Gough st
5. Full Name of Mother, Rhoda Herbert
6. Mother's Maiden Name, Rhod Cooksey
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Herbert
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs Rachel A Tyler

Address, Formerly Mrs Garrett

Remarks, 710 Burke st

JUL 6 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable

City Printers and Stationers.

RETURN OF A BIRTH 94844.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixteen (2nd)

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

Date of Birth, June 17th 1887

Place of Birth, (Street and Number) 1307 Tenant St Balto md

4. *Full Name of Mother,* Susie A ~~Wilson~~ Rice

5. *Mother's Maiden Name,* Susie A Wilson

7. *Mother's Birthplace,* Marlboro Howard Co. md.

8. *Full Name of Father,* John A Rice

9. *Father's Occupation,* Shoe Carver

10. *Father's Birthplace,* Harford co md

Name of Medical Attendant, or other Person who makes this Return. Mary E. Wilson

Address, 1307 Tenant st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 94845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 17. 1887

4. *Place of Birth, (Street and Number)* 1328 N. Calhoun

5. *Full Name of Mother,* Oclavia Brooke

6. *Mother's Maiden Name,* Reamy

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* R. C. Brooke

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1521 Madison Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH, 94846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

John Edward Luthardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth June 17. 87

Place of Birth, (Street and Number) 319 S. Central ave

Full Name of Mother Mary E. Luthardt.

6. Mother's Maiden Name " " Konic -

7. Mother's Birthplace Baltimore.

8. Full Name of Father Jno. A. Luthardt.

9. Father's Occupation Ice Dealer -

10. Father's Birthplace Iowa -

Name of Medical Attendant, or other Person who makes this Return. Alswatt M.D.

Address 8 N.W. Lombard St

Remarks GIVEN NAME ADDED. 6-17-53

L.M.

BALTIMORE, MD.

RETURN OF A BIRTH 94847.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male (Matthew J. P.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 17th 1887.
4. Place of Birth, (Street and Number)	123 Arsquith St
5. Full Name of Mother,	Clara J King
6. Mother's Maiden Name,	" " Brown
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm J. King Jr
9. Father's Occupation,	Printer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D W Cathell Md
Address,	4 N Broadway

Remarks, Full name of child given by older sister on applying for a transcript, March 4-1926. Grace A. King (sister)
J. E. Weber

BALTIMORE CITY, BALTIMORE, MD. JUN 18 1887

...NTER & STATIONER, BALT.

RETURN OF A BIRTH, 94848

the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 17 1887 BALTIMORE, MD.

d

of Mother, (state whether 1st, 2d, 3d, &c.) 4

whether male or female) Male

Color, (if not of the white race) White

Birth June 17th 1887

Birth, (Street and Number) Franklin & Norris St

e of Mother Amanda Conway

Maiden Name Amanda Conway

Birthplace Baltimore

e of Father Jessie Conway

Occupation Mechanic

Birthp Baltimore

Medical Attendant, or other Person who makes this Return. W. R. McKenna

1401 Linden Av

RETURN OF A BIRTH 94849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Negro

3. *Date of Birth,* May 17th '87

4. *Place of Birth (Street and Number),* 521 W. Hoffman st.

5. *Full Name of Mother,* Amanda Peck

6. *Mother's Maiden Name,* " Dickson

7. *Mother's Birthplace,* Easton Md.

8. *Full Name of Father,* Alford Peck

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* S. Carolina

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

for each offence, to be recovered as other fines are

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17/87
4. *Place of Birth, (Street and Number)* 808 Hanover St.
5. *Full Name of Mother,* Janie Cohen
6. *Mother's Maiden Name,* Janie Russ.
7. *Mother's Birthplace,* Russa
8. *Full Name of Father,* Jacob Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 87 Shaw St

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, June 17th 1887

4. Place of Birth (Street and Number), Old No 139 Chestnut Al

5. Full Name of Mother, Mary Green

6. Mother's Maiden Name, " Kelser

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, William Green

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

HEALTH DEPARTMENT JUN 2 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94852.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren den 17 June
4. *Place of Birth (Street and Number),* No 1713 Langcäster Str
5. *Full Name of Mother,* Lise Markwort
6. *Mother's Maiden Name,* Lise Kaiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Willam Markwort
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

JUN 18 1[illegible] BALTIMORE

for each offence, to be recovered as other fines and [illegible] the fine of ten (10) dollars

hing Co., City Printers and Stationers.

GIVEN NAME ADDED 4-18-55

RETURN OF A BIRTH

948-53.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Christian Schupp	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c)	7th Child
Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	17th of June 1887.
4. Place of Birth (Street and Number),	1935 East Orleans Street.
5. Full Name of Mother,	Maggie Miller.
6. Mother's Maiden Name,	Maggie Schupp
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Christ Schupp.
9. Father's Occupation,	Cigar maker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chappel Street per Justina Kunkel
Remarks,	Healthy.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94854.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 17/87

4. Place of Birth, (Street and Number) # 921 Lemmon

5. Full Name of Mother, Mary Crotty

6. Mother's Maiden Name, " McGloon

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Jno Crotty

9. Father's Occupation, Currier

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Shanahan

Address, 855 W. Lombard

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 94855.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 17th. 1887
4. Place of Birth (Street and Number),	1819 Preston St.
5. Full Name of Mother,	Seelie Lang
6. Mother's Maiden Name,	Seelie Rheinhardt
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Tho. Rheinhardt
9. Father's Occupation,	Labor
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	M. A. Butler
Address,	647 S E. cor Central av. & Monument St.
Remarks,	All Well

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren den 17 June
4. *Place of Birth (Street and Number),* No 823 S. Bond Str
5. *Full Name of Mother,* Therese Ese
6. *Mother's Maiden Name,* Therese Grimm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Ese
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

for each offence, to be recovered as other fines and forfeitures are recoverable.

bing Co., City Printers and Stationers.

RETURN OF A BIRTH.

9 4 8 5 7

GIVEN NAME ADDED 2-2-51

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Guy DeLeyster Bonney

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth June 11th, 1887

4. Place of Birth (Street and Number) 1208 Park Avenue

5. Full Name of Mother Mary Bonney

6. Mother's Maiden Name Mary Valk

7. Mother's Birthplace New York

8. Full Name of Father Elias Bonney

9. Father's Occupation merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 1021 Linden Avenue

Remarks L.O.a

RETURN OF A BIRTH

94858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child,

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* ———
3. *Date of Birth,* June 18th 1887.
4. *Place of Birth, (Street and Number)* 636 Barre St.
5. *Full Name of Mother,* Alberta G. Eberts.
6. *Mother's Maiden Name,* " " Mueller.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Author P. Eberts.
9. *Father's Occupation,* Piano-Maker.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Talbot M.D.

Address, 524 Sharp St.

Remarks,

HEALTH DEPARTMENT, JUL 5 1887, BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH.

94859.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT,
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth June 18th 87 Heath St

4. Place of Birth (Street and Number) Heath St

5. Full Name of Mother Mary Brannan

6. Mother's Maiden Name Mary McElhenny

7. Mother's Birthplace N. York

8. Full Name of Father Michael Brannan

9. Father's Occupation Ice Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Latimer

Address 1213 Eutaw Place

Remarks No Anaesthetics. No trouble.

Ovw

RETURN OF A BIRTH

94860.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Gustav Adolph Handschuh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* with
3. *Date of Birth,* Juni. 18.
4. *Place of Birth (Street and Number),* 554 Union St.
5. *Full Name of Mother,* Sophia Handschuh
6. *Mother's Maiden Name,* Sophia Fischer
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Michael Handschuh
9. *Father's Occupation,* Bäcker
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Mrs Barge

Address, 711 Cross St

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94861.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 18 June 1887
4. *Place of Birth (Street and Number),* Baltimore 1528 Orchard St
5. *Full Name of Mother,* Jennie S W Dutton
6. *Mother's Maiden Name,* Jennie S W Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin T. Dutton
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Finksburg Carroll County M D

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Johnson

Address, 710 Tyson Street Baltimore

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94862.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 18th 1887

4. Place of Birth (Street and Number), 803 Lancaster st

5. Full Name of Mother, Annie Corner

6. Mother's Maiden Name, " " Wallace

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Corner

9. Father's Occupation, Sailor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Lizz Betz

Address, 1144 Bank st

Remarks,

BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94863.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 18, 1887
4. *Place of Birth (Street and Number),* 1171 Pantico Ste.
5. *Full Name of Mother,* Annie Watts
6. *Mother's Maiden Name,* Annie Clasby
7. *Mother's Birthplace,* Martinsburg W. Va.
8. *Full Name of Father,* Geo. R. Watts
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Smith M.D.

Address, 513 Scott St.

Remarks,

JUL 1887 BALTIMORE

for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH 94864.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18th Day of ~~April~~ June

4. *Place of Birth (Street and Number),* 1037 Bank St

5. *Full Name of Mother,* Ella Edwards

6. *Mother's Maiden Name,* Ella Lang

7. *Mother's Birthplace,* ~~Baltimore~~ Md

8. *Full Name of Father,* ~~Thomas Frederick~~ Edwards

9. *Father's Occupation,* Can Maker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C Seebach

Address, 735 W Pratt street

Remarks,

DEPARTMENT OF HEALTH BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

Guide Co., City Printers and Stationers.

RETURN OF A BIRTH 94865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18th 1887

4. Place of Birth, (Street and Number) 437 Pinkney Place.

5. Full Name of Mother, Fannie Watson Harwood

6. Mother's Maiden Name, Fannie W. Mitchell

7. Mother's Birthplace, Port Deposit Md.

8. Full Name of Father, George Thomas Harwood

9. Father's Occupation, Book-Keeper.

10. Father's Birthplace, Abington Maryland

Name of Medical Attendant, or other Person who makes this Return. Edmund C. Gibbs M.D.

Address, 431 E. Lanvale St.

Remarks, None

HEALTH DEPARTMENT BALTIMORE MD

...provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

94866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 18th 1887
4. Place of Birth (Street and Number),	58½ N. Mary street
5. Full Name of Mother,	Jennie Payne
6. Mother's Maiden Name,	Jennie Frisby
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	Wm Payne
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	434 W. Monument st
Remarks,	

BALTIMORE, MD. JUN 17 1887 HEALTH DEPARTMENT

for each offence, to be recovered as other fines and forfeitures are [illegible] subjected to the fine of ten (10) dollars

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94867.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	Colord
3. *Date of Birth,*	June 18. 1897
4. *Place of Birth (Street and Number),*	321 Rose St Balto city
5. *Full Name of Mother,*	Marcella Grooms
6. *Mother's Maiden Name,*	Marcella Hall
7. *Mother's Birthplace,*	Freedom Carroll county Md
8. *Full Name of Father,*	James A Grooms
9. *Father's Occupation,*	Janitor American Building
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	Hettie Cotenel
Address,	321 Rose St Balto city
Remarks,	No remarks

for each offence, to be recovered as other fines and

shing Co., City Printers and Stationers.

RETURN OF A BIRTH.

94868.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (~~state whether male or~~ female)
2. Race or Color (if not of the white race)
3. Date of Birth June 18 97
4. Place of Birth (Street and Number) 1612 Hanover ave
5. Full Name of Mother Laura Beauchamp
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Md
8. Full Name of Father ~~[illegible]~~ Robert Beauchamp
9. Father's Occupation Carpenter
10. Father's Birthplace England
11. Name of Medical Attendant, or other Person who makes this Return. Robt P Ellis
12. Address 915 Lyon
13. Remarks

HEALTH DEPARTMENT
JUN 27 1897
BALTIMORE MD.

RETURN OF A BIRTH 94869.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* [redacted] Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18 1887

4. *Place of Birth, (Street and Number)* 817 Thames St

5. *Full Name of Mother,* Ada Markell

6. *Mother's Maiden Name,* Ada Lurie

7. *Mother's Birthplace,* Russia

8. *Full Name of Father.* Jacob Markell

9. *Father's Occupation,* Peddler

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return Mrs B Goldsmith

Address, 27 Sharp St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94870.

In the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD. JUN 20 1887

1. Order of Birth of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st
2. Sex, (*state whether male or female*)	Female
3. Race or Color, (*if not of the white race*)	White
4. Date of Birth,	June 18 1887
Place of Birth, (*Street and Number*)	319 Harrison av
5. Full Name of Mother,	Sarah Virginia Wheeler
6. Mother's Maiden Name,	Sarah Virginia Giles
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Capt John R Wheeler
9. Father's Occupation,	Mariner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	E B Noble M D
Address,	301 Harrison ave
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 94871.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

Sex (state whether male or female), Boy.

2. *Race or Color (if not of the white race),* White.

3. *Date of Birth,* 18th of June 1887

4. *Place of Birth (Street and Number),* 2026 East Lombard Street

5. *Full Name of Mother,* Theresia Benefield

6. *Mother's Maiden Name,* Theresia Volk

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Charles Volk

9. *Father's Occupation,* Tavern Keeper

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel.

Address, 213 North Chapel St. per Crescintia Kunkel

Remarks, Healthy.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 94872.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

Sex (state whether male or female), Boy

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18th of June 1857.

4. *Place of Birth (Street and Number),* 2036 Lough street

5. *Full Name of Mother,* Lizzie Wilson.

6. *Mother's Maiden Name,* Lizzie Collenson.

7. *Mother's Birthplace,* Dells Ireland Somersets County

8. *Full Name of Father,* Harry Collenson.

9. *Father's Occupation,* Seafairy man.

10. *Father's Birthplace,* St: Marys County.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel.

Address, 213 North Chapel street per Justina Kunkel

Remarks, Healthy.

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94873.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 19/87

4. *Place of Birth, (Street and Number)* 819 Hanover St

5. *Full Name of Mother,* Janie Remer

6. *Mother's Maiden Name,* Janie Berman

7. *Mother's Birthplace,* Russa

8. *Full Name of Father,* Joe Remer

9. *Father's Occupation,* Peddler

10. *Father's Birthplace,* Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 87 Sharp St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sunday June 19
4. Place of Birth (Street and Number),	Balto 819 Cross St
5. Full Name of Mother,	Annie R Adams
6. Mother's Maiden Name,	Annie R Peters
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Geo. W. Adams
9. Father's Occupation,	Cannaker
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Range
Address,	811 Cross St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
Sex (state whether male or female),	Male.
Race or Color (if not of the white race),	
Date of Birth,	June 19 — 1887.
Place of Birth (Street and Number),	207 Heath st.
Full Name of Mother,	Gusta Schultz.
Mother's Maiden Name,	Schuster
Mother's Birthplace,	Germany
Full Name of Father,	Mike Schultz.
Father's Occupation,	Laborer
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this Return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTRAR BALTIMORE, MD. JUN 27 1887

blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 10-19-25

RETURN OF A BIRTH

9489 6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John William Kelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 19 1897

4. Place of Birth (Street and Number), 1426 Gough St.

5. Full Name of Mother, Annie Kelly

6. Mother's Maiden Name, Archbold

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward J. Kelly

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Mairs

Address, 1427 E. Pratt

Remarks,

...rfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 94877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. *Sex (state whether male or female),* male Phillip.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 19 th 1887
4. *Place of Birth (Street and Number),* W. Balt. st 819
5. *Full Name of Mother,* Bertha Samelson
6. *Mother's Maiden Name,* Bertha Sugan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Heiman Samelson
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* American

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st N 103.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH, 94878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* June 19th 1897

4. *Place of Birth (Street and Number),* 67 Pratt st.

5. *Full Name of Mother,* Marion Beerman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Joseph Beerman

9. *Father's Occupation,* Laborer

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st

Remarks,

for each offence, to be recovered as other fines and fo

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9-1879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 19-87
4. *Place of Birth (Street and Number),*	805 Aisquith
5. *Full Name of Mother,*	Louisa Raine
6. *Mother's Maiden Name,*	" Sherman
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	Wm. Raine
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 Mc Donogh St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94880.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth	June 19th 1887
4. Place of Birth, (Street and Number)	909 Hollen "
5. Full Name of Mother,	Catharine Madden
6. Mother's Maiden Name,	" Welsh
7. Mother's Birthplace,	Balti
8. Full Name of Father,	Patrick Madden
9. Father's Occupation,	Malster
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. Sheetle MD
Address,	403 N. Exeter "
Remarks,	

HEALTH DEPARTMENT, JUN 21 1887 BALTIMORE, MD.

... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	19th June
4. Place of Birth (Street and Number),	205 S. Exeter st.
5. Full Name of Mother,	Anna King
6. Mother's Maiden Name,	Earle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William G. King
9. Father's Occupation,	Shoemaker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94882.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight (8)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 19th 1887

4. Place of Birth (Street and Number) 116 Little McElderry Street

5. Full Name of Mother Lida Gallico

6. Mother's Maiden Name " Sykes

7. Mother's Birthplace Maryland

8. Full Name of Father Patrick Gallico

9. Father's Occupation Junk Dealer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Hall Rutledge

Address 483 N Broadway

Remarks

RETU

RN OF A BIRTH 94883

of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, 2

or Color, (94883)

2 June 20

of Bi 6091 Pratt St

of Mother, Maggie Vene

Maiden Name, Maggie Martin

Birthplace, Baltimore

of Father, Elsie Vene

Occupation, Laborer

Birthplace, Baltimore

M Horrigan

2 Scott St

RALTH DEPARTMENT

hether 1st, 2d, 3d, &c.) 2nd

female), Female

e white race), White

June 20 - 87

Number), 6091 Pratt St

Maggie Vene

Martin

Balto

Elsie Vene

Laborer

Balto

t, or other person who makes this Return. M Horrigan

412 Scott

RETURN OF A BIRTH 94884.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Monday June 2th 1884
4. *Place of Birth, (Street and Number)*	Cor, Eager St, & Hanover St.
5. *Full Name of Mother,*	Lizzie V. Plum
6. *Mother's Maiden Name,*	Lizzie Mapes.
7. *Mother's Birthplace,*	Elizabeth N.J.
8. *Full Name of Father,*	Oscar Plum
9. *Father's Occupation,*	Drummer
10. *Father's Birthplace,*	Rahway N.J.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chase St & Hanover Place
Remarks,	

HEALTH DEPARTMENT
JUL 5 1884
BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

D., City Printers and Stationers.

RETURN OF A BIRTH 94885.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	20th June
4. Place of Birth (Street and Number),	102 Albemarle
5. Full Name of Mother,	Mary Rovercamp
6. Mother's Maiden Name,	Schultheis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Rovercamp
9. Father's Occupation,	Tavern Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

HEALTH DEPARTMENT JUN 28 1897 BALTIMORE CITY

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 29 1887

4. *Place of Birth, (Street and Number)* 1747 Aisquith St

5. *Full Name of Mother,* Mollie Boston

6. *Mother's Maiden Name,* Mollie Jackson

7. *Mother's Birthplace,* Madison County Md

8. *Full Name of Father,* John Boston

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Westcott

Address, 432 Rogers St

Remarks,

JUL 27 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 94887.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, ~~&c.~~)

1. Sex (~~State whether~~ Male ~~or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth June 20th 1887

4. Place of Birth (Street and Number) 65 S Bakolay

5. Full Name of Mother Ellen Napier

6. Mother's Maiden Name Weldon.

7. Mother's Birthplace Ireland.

8. Full Name of Father Arthur Napier

9. Father's Occupation Policeman

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Asst. G. Jay

Address 210 Franklin St.

Remarks

RETURN OF A BIRTH 94888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 20 — 1877
4. *Place of Birth (Street and Number),* 540 Albemarle St.
5. *Full Name of Mother,* Elisabeth Lotz
6. *Mother's Maiden Name,* Spengel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Niclaus Lotz
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt St,

Remarks,

...for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94889.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Tuesday June 20th
4. *Place of Birth, (Street and Number)*	848 tyson Street
5. *Full Name of Mother,*	Susan Johnson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore M D
8. *Full Name of Father,*	George H. Lalls
9. *Father's Occupation,*	Portor
Father's Birthplace,	West virginia
Name of Medical Attendant, or other Person who makes this Return.	
Address,	
Remarks,	Lucy Cornish 906 Jordan aley

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9 i 890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 20th. 1887
4. *Place of Birth (Street and Number),* 1145 Hall's Lane
5. *Full Name of Mother,* Harriet Dorsey
6. *Mother's Maiden Name,* Harriet Smith
7. *Mother's Birthplace,* St. Marys County
8. *Full Name of Father,* Chas. Dorsey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. County

Name of Medical Attendant, or other person who makes this Return. M. A. Bull

Address, 647 S.E. cor Central av. & Monument St.

Remarks, All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94891.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 20th 1887

4. Place of Birth (Street and Number), 609 Stuntcaster street

5. Full Name of Mother, Loddie Cand

6. Mother's Maiden Name, " " Nultzhuser

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Cornert

9. Father's Occupation, Dear Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizz Betz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT JUL 2 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94892.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* June 20th 1887

4. *Place of Birth (Street and Number),* 2. Second st.

5. *Full Name of Mother,* Rachel ~~Goodman~~ Cohen

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Isaac ~~Goodman~~ Cohen

9. *Father's Occupation,* Laborer

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 22 S. Exeter st.

Remarks,

for each offence, to be recovered as oth[illegible]

[illegible]shing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st (94893)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 20. 1887
4. *Place of Birth, (Street and Number)*	111 N. Exeter St
5. *Full Name of Mother,*	Maggie G. Kimpel
6. *Mother's Maiden Name,*	Maggie G. Shoemack.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	August C. Kimpel
9. *Father's Occupation,*	Clerk
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	S. W. Hanck M.D.
Address,	1005 E Baltimore St
Remarks,	

Within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

REGISTER-DEPARTMENT OF HEALTH BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* June 20th 1887

4. *Place of Birth (Street and Number),* No 1553 Cole St.

5. *Full Name of Mother,* Molly D. Hohl

6. *Mother's Maiden Name,* Matthesius

7. *Mother's Birthplace,* Veteran

8. *Full Name of Father,* Conrad D. Hohl.

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Schwartz Hessen

Name of Medical Attendant, or other person who makes this Return. Arnold Lindner

Address, No. 100 S. Monroe St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 20 1887

4. *Place of Birth (Street and Number),* 90 N Monroe St

5. *Full Name of Mother,* Sarah Schaaff

6. *Mother's Maiden Name,* Sarah Neeley

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* William Schaaff

9. *Father's Occupation,* Mechanic

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d (94896)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30, 1887
4. Place of Birth, (Street and Number) 1037 Wilcox
5. Full Name of Mother, Mary W. Patchen.
6. Mother's Maiden Name, Wales
7. Mother's Birthplace, Scotland
8. Full Name of Father, John L. Patchen
9. Father's Occupation, Stone Cutter.
10. Father's Birthplace, Scotland

Name of Medical Attendant, ~~or other Person who makes this Return~~ Jas. M. Craighill

Address, 1730 N. Charles St.

Remarks,

BALTIMORE, MD.

within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

94897.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 20th 1887
4. Place of Birth (Street and Number) 1318 Eastern Avenue
5. Full Name of Mother Annie Margaret Beck
6. Mother's Maiden Name Annie Margaret Itzel
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father Frederick Herman Beck
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace Rahden Germany

Name of Medical Attendant, or other Person who makes this Return. Geo W Hamill Md

Address 1703 Guilford ave

Remarks

HEALTH DEPARTMENT JUL 6 1887 BALTIMORE MD.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 94898

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, June 20th 1887

4. Place of Birth, (Street and Number) 636 Haw St

5. Full Name of Mother, Millie Monosky

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return N. A. Keyser, M.D.

Address, 310 W. Madison St Balto. Md

Remarks, Was out of town during the first of the month else would have reported sooner N. A. K.

Within the period above required, except in the cases of the legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE MD

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) rutter st 1306

1. Sex, (state whether male or female) Male Boy

2. Race or Color, (if not of the white race) Luce

3. Date of Birth, 20 June 1887

4. Place of Birth, (Street and Number) 1306 rutter st Baltmore cit

5. Full Name of Mother, agness Fisher

6. Mother's Maiden Name, a Bill

7. Mother's Birthplace, Bond in mortont Va

8. Full Name of Father, Daniel Fisher

9. Father's Occupation, laBer man

10. Father's Birthplace, Di wid [illegible] For Va

Name of Medical Attendant, or other Person who makes this Return. Mary Bank

Address,

Remarks,

HEALTH DEPARTMENT JUL 1887 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20th day of June 1887
4. *Place of Birth (Street and Number),* [illegible] Salomon St
5. *Full Name of Mother,* Justina [illegible]
6. *Mother's Maiden Name,* Justina Evertofsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Drea
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 1927 W Lombard St

Remarks,

HEALTH DEPARTMENT JUL 7 1887 BALTIMORE CITY

the Commissioner of Health, in the manner and within the period of [illegible] of such child to report its birth to who shall hereafter fail to comply with the provisions of this section [illegible], and any such person or persons for each offence, to be recovered as other fines [illegible] to the fine of ten (10) dollars

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colloid

3. Date of Birth, Hamburg St 4017

4. Place of Birth, (Street and Number) June 20th

5. Full Name of Mother, Mary bilveans

6. Mother's Maiden Name, Mary bilveans

7. Mother's Birthplace, Baltimor

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address,

Remarks, 229 York St

for each offense to be recovered as other [illegible] and forfeitures are recoverable.

JUN 17 1887 BALTIMORE

[illegible]o., City Printers and Stationers.

RETURN OF A BIRTH 94902.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 20th 1887
4. Place of Birth (Street and Number), 1005 Low St.
5. Full Name of Mother, C. Defandas.
6. Mother's Maiden Name, C. Lamanna.
7. Mother's Birthplace, Italy
8. Full Name of Father, Jos. Defandas.
9. Father's Occupation, Fruit Dealer.
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. J. W. Chambers

Address, 309. N Exeter St.

Remarks, 1st position — Natural labor

BALTIMORE, MD. JUN 21 1887

Who shall hereafter fail to comply with the provisions of this Return, is subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 20th 1887
4. *Place of Birth (Street and Number),* No 22 E Heath St
5. *Full Name of Mother,* Annie Welch
6. *Mother's Maiden Name,* Annie Cain
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Edwin Welch
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1644 South Charles St

Remarks,

PARTNERS JUN 22 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9404.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21st 8.45 A.M. 1887

4. *Place of Birth, (Street and Number)* 647 Columbia Ave.

5. *Full Name of Mother,* Georgianna Rice

6. *Mother's Maiden Name,* Badger

7. *Mother's Birthplace,* Charleston S. C.

8. *Full Name of Father,* George H. Rice

9. *Father's Occupation,* Book Keeper

10. *Father's Birthplace,* Frederick Md.

Name of Medical Attendant, or other Person who makes this Return H. W. Webner M.D.

Address, 814 W. Lombard St.

Remarks,

HEALTH DEPARTMENT BALTIMORE MD. JUN 22 1888

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 21st 1887
4. *Place of Birth, (Street and Number)* No. Mc Elderry St.
5. *Full Name of Mother,* Mary Whittiker.
6. *Mother's Maiden Name,* " Ural
7. *Mother's Birthplace,* Chiesfield
8. *Full Name of Father,* George Franklin Whittiker
9. *Father's Occupation,* Brick Moulder
10. *Father's Birthplace,* Philidelphia Pa

Name of Medical Attendant, or other Person who makes this Return Jno. U. Pickel

Address, 1312 Chew St.

Remarks,

HEALTH, JUN 23 1887, BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

No. of Child of Mother, 4

or Color, (94906)

June 21

of Bir 181 Republican St

ame of Mother, John Larkin

s Maiden Name, Annie Ryan

s Birthplace, Baltimore

ame of Father, John Larkin

s Occupation, Laborer

s Birthplace, Baltimore

ary Horrigan

Scott St

B.

RN OF A BIRTH (94906)

r of Vital Statistics, Board of Health, Baltimore City.

hether 1st, 2d, 3d, &c.) 4th

female), Male

e white race), White

June 21 - 87

Number), 181 Republican St

Annie Larkin

Ryan

Balto

John Larkin

Laborer

Balto

or other person who makes this Return. Mary Horrigan

412 Scott St

BALTIMORE

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 94907.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first state. 2 children

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) of the colord race
3. Date of Birth 21 June
4. Place of Birth, (Street and Number) Baltimore east Street 119
5. Full Name of Mother Mary Queen Howard
6. Mother's Maiden Name Mary Queen Crosley
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles H. Howard.
9. Father's Occupation Scream Dealer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Camphor

Address 1401 Union Alley

Remarks Mother and doing well Child

HEALTH DEPARTMENT BALTIMORE CITY 1887

RETURN OF A BIRTH 94908.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) Second

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth,* June 21st 1887

4. *Place of Birth,* (Street and Number) No. 1011 N. Charles Street

5. *Full Name of Mother,* Rosa N. Ober

6. *Mother's Maiden Name,* Rosa Rodefeld

7. *Mother's Birthplace,* Georgia

8. *Full Name of Father,* Robert Ober

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return N. P. O. Wilson

Address, 814 Park Avenue

Remarks,

BOARD OF HEALTH BALTIMORE MD.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), Feamale

2. Race or Color (if not of the white race),

3. Date of Birth, June 21th 1887

4. Place of Birth (Street and Number), 333 Chester st

5. Full Name of Mother, Maggie Refner

6. Mother's Maiden Name, " " Clitsman

7. Mother's Birthplace, City

8. Full Name of Father, Lewis Refner

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Leo Betz

Address, 1744 Banks

Remarks,

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

91-910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 21st 1887
4. Place of Birth, (Street and Number)	822. So Eutaw St
5. Full Name of Mother,	Annie Effard Rodney
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Manchester England.
8. Full Name of Father,	George W. Effard.
9. Father's Occupation,	Mariner.
10. Father's Birthplace,	Richmond Co. Virginia
Name of Medical Attendant, or other Person who makes this Return	Smith Bell M.D.
Address,	841 W. Eutaw St
Remarks,	

STEPS AND STATIONERS

RETURN OF A BIRTH 94911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 21st

4. Place of Birth, (Street and Number) 314 Arlington Ave.

5. Full Name of Mother, Emma Virginia Norwood

6. Mother's Maiden Name, " " Lloyd

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Washington Norwood

9. Father's Occupation, Coffee Polisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94912.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 21 of Juny

4. *Place of Birth (Street and Number),* 2520 Lancaster St.

5. *Full Name of Mother,* Lizzi Reinhard

6. *Mother's Maiden Name,* = Baier

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Wilhelm Reinhard

9. *Father's Occupation,* Labeln

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2520 Lancaster St.

Remarks, Canton.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 94913.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, 21 sd of June

4. Place of Birth (Street and Number), No 1217 Plum Alley

5. Full Name of Mother, Carolina Schwab

6. Mother's Maiden Name, " Knickman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich Schwab

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Auguste Borien

Address, Sharp Hrit 927

Remarks,

HEALTH DEPARTMENT, JUL 2 1886 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 94914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 21st 1884

4. Place of Birth (Street and Number), 572 Conway St

5. Full Name of Mother, Rose Grossman

6. Mother's Maiden Name, " Wasserman

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Leopold Grossman

9. Father's Occupation, Policeman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D.

Address, 578 Hanover St Rev. L. B

Remarks,

HEALTH DEPARTMENT, JUL 2 1884 BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 94915.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	Colard
Date of Birth,	21st of June 1867
Place of Birth, (Street and Number)	No 805 Stirling Street Baltimore Md
Full Name of Mother,	Ellen Cole.
Mother's Maiden Name,	Ella swan
Mother's Birthplace,	Eastern Shore
Full Name of Father,	John Wesley Cole
Father's Occupation,	Sailor
Father's Birthplace.	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Sykes
Address,	810 Stirling Street
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 94916.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 6

1. Sex (state whether male or female), Male

Race or Color (if not of the white race), White

3. Date of Birth, The 21 of June 1887

4. Place of Birth (Street and Number), No 917 Central Ave

5. Full Name of Mother, Mary Myer

6. Mother's Maiden Name, Mary Bewer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Myer

9. Father's Occupation, Porter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lucer

Address, Mr Ch S No 1054 Harford Ave

Remarks, Bal Md

1887

RECEIVED DEPARTMENT JUN 23 1887 BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94917.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren 21.ten June
4. *Place of Birth (Street and Number),* No 416. S. Bond. Str.
5. *Full Name of Mother,* Catt Schmidt
6. *Mother's Maiden Name,* Catt Hettrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schmidt
9. *Father's Occupation,* Feuermann
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallas Str

Remarks, Hebamme

BALTIMORE DEPARTMENT OF HEALTH JUN 28 1897

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94918.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 21st 1887

4. *Place of Birth, (Street and Number)* 326 S. Mount St

5. *Full Name of Mother,* Florence Ellsworth Bulman

6. *Mother's Maiden Name,* Florence Ellsworth McKnew

7. *Mother's Birthplace,* Baltimore Co Md

8. *Full Name of Father,* Alvin Derby Bulman

9. *Father's Occupation,* House Painter

0. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Mid

Address, 871 Harlem Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94919.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether male ~~or female~~),* M
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* ~~27~~ June the 21 ~~first~~ 1887
4. *Place of Birth (Street and Number),* 865 Hanover st Baltimore
5. *Full Name of Mother,* Annie Wirth
6. *Mother's Maiden Name,* " Krauslich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John M Wirth
9. *Father's Occupation,* ~~Coach~~ Coach painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payne[illegible] St

Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White

3. Date of Birth, 21 June

4. Place of Birth (Street and Number), 831 N. Central ave.

5. Full Name of Mother, Ida Pittman

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Pittman

9. Father's Occupation, Life Ins. Agent

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbrig

Address, 1302 Hollabird.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

94921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female.

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 21st June, 1887.

4. *Place of Birth, (Street and Number)* 1414 W. Franklin St.

5. *Full Name of Mother,* Eliza Barberry Spicknall.

6. *Mother's Maiden Name,* Eliza Barberry Leigh.

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles Albert Spicknall

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Calvert County, Md.

Name of Medical Attendant, or other Person who makes this Return. H. W. Littell.

Address, Fayette & Fremont Sts.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94922.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Finish

1. *Sex, (state whether male or ~~female~~)* ~~Male~~ Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* June 21st 87

4. *Place of Birth, (Street and Number)* 115 W Lombard St

5. *Full Name of Mother,* Mary Graham.

6. *Mother's Maiden Name,* Doe.

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. H L Hutto

Address, 115 W Lombard St

Remarks, City

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94923.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Tuesday June 21st 1887

4. *Place of Birth, (Street and Number)* (old) No. 183 N. Caroline

5. *Full Name of Mother,* Matilda Schoenhals

6. *Mother's Maiden Name,* " Siegler

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Henry Schoenhals

9. *Father's Occupation,* Sign Painter

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Jno. U. Dickel M.D.

Address, 1312 Eden St.

Remarks,

BALTIMORE MD.

...ons of this section, shall be ...bjected to the fine of ten (10) dollars ...for each offence to be recovered as other fines and forfeitures are ...

...o., City Printers and Stationers.

RETURN OF A BIRTH 94924.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 22 June
4. *Place of Birth (Street and Number),* Sea-Wall Brooklyn
5. *Full Name of Mother,* Amelia ~~Schramm~~ Potts.
6. *Mother's Maiden Name,* Amelia Schramm.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Potts
9. *Father's Occupation,* Butcher
10. *Name of Medical Attendant,* or other person who makes this Return. Auguste Bosick

Address, 924 Light Street

Remarks,

Who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94925.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st Fine

1. Sex, (state whether male or ~~female~~) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 87.

4. Place of Birth, (Street and Number) 115 W. Lowbord St.

5. Full Name of Mother, Minnie Davis,

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, H L Hatto

Address, 115 W Lowbord St

Remarks, City

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and in the form of the Regulations of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94926.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 22nd

4. *Place of Birth, (Street and Number)* S. W. Cor. Pratt & Chester Sts.

5. *Full Name of Mother,* Octavia Loflin

6. *Mother's Maiden Name,* Gaither

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Frank Loflin

9. *Father's Occupation,* Traveling Salesman

10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. P. Bowes M.D.

Address, 1835 E. Baltimore

Remarks,

BUREAU OF VITAL STATISTICS BALTIMORE MD. JUL 7 1894

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

94927.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 2nd Second

1. Sex, (~~state whether~~ male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1887
4. Place of Birth, (Street and Number) 115 W. Lombard St.
5. Full Name of Mother, Lizzie Heibeck
6. Mother's Maiden Name, Do
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant or other Person who makes this Return. A L Hatte

Address, 115 W. Lombard St

Remarks, City

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94928.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~10~~ 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* June the 22.nd

4. *Place of Birth, (Street and Number)* No 3. Shepard Pl.

5. *Full Name of Mother,* Cathern Teubner

6. *Mother's Maiden Name,* Jonson

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William Teubner

9. *Father's Occupation,* Wood Carver

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return M H Ledley

Address. No 1004. Lexington St.

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 94929.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colord Child
3. *Date of Birth,* 22 of June 1887
4. *Place of Birth, (Street and Number)* No 916 harmony lane
5. *Full Name of Mother,* Molie liles
6. *Mother's Maiden Name,* Molie Johnson
7. *Mother's Birthplace,* Com Balan
8. *Full Name of Father,* thomas liles
9. *Father's Occupation,* Lakering man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Did not have none

Address, Mid Wife Lairett Lutson

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1867
4. *Place of Birth, (Street and Number)* 1520 Linden Av.
5. *Full Name of Mother,* Anna Manahan
6. *Mother's Maiden Name,* Anna Radcliffe
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Jno. Manahan
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Miltenberger

Address, 319 W. Monument St

Remarks,

HEALTH DEPARTMENT, JUN 17 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of the (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 22cd 1887
4. Place of Birth (Street and Number),	219 Wolf St.
5. Full Name of Mother,	Sophia Startlauf
6. Mother's Maiden Name,	Sophia Muller
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John B. Startlauf
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. A. Butt
Address,	647 S.E. cor Centre av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94932.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 22nd 1887
4. *Place of Birth (Street and Number),* 519 N. Castle St.
5. *Full Name of Mother,* Sophia M. Honemann
6. *Mother's Maiden Name,* Sophia M. Berry
7. *Mother's Birthplace,* Baltimore, Maryland
8. *Full Name of Father,* Bernard M. Honemann
9. *Father's Occupation,* Insurance Agent
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. A. L. Dashiell Jr. M.D.

Address, 700 S. Broadway

Remarks,

HEALTH DEPARTMENT JUN 24 1887 BALTIMORE CITY

...the Commissioner of Health, in the manner and form the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH.

9 4 9 3 3.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

●. *of Child of Mother, (state whether* 1st, 2d, 3d, &c.)	2
1. *Sex (state whether male or female)*	[redacted]
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 22
4. *Place of Birth (Street and Number)*	245 S. Arlington Ave
5. *Full Name of Mother*	Virginia [redacted] Cowen
6. *Mother's Maiden Name*	" husband
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Frank Cowen
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Va
● *Name of Medical Attendant,* or other Person who makes this Return.	Robt P Ellis
Address	915 Light St
Remarks	

RETURN OF A BIRTH 94934,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 22/87
4. *Place of Birth (Street and Number),* N. E. Cor Forrest & Orleans
5. *Full Name of Mother,* Rosa M. Knoop
6. *Mother's Maiden Name,* Rosa M. Creamer
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* H. F. Knoop
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Leno Bruns

Address, 1600 N Chester Street

Remarks,

BIRTH DEPARTMENT JUN 2 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 94935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 22cd. 1887
4. Place of Birth (Street and Number),	No 1007 Enson St.
5. Full Name of Mother,	Lorah Gane
6. Mother's Maiden Name,	Lorah Chase
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Geo. Gane
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 S.E. cor Cor Central av. & Monument St
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

94936.

GIVEN NAME ADDED 10-3-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: John William

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22nd 1887

4. Place of Birth, (Street and Number) 20235 Baltimore St

5. Full Name of Mother, Virginia Nichol

6. Mother's Maiden Name, Virginia Jessee

7. Mother's Birthplace, N. Carolina

8. Full Name of Father, Jno W. Nichol

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Wm Pittenberger

Address, 319 Williamson St

Remarks,

BRANCH DEPARTMENT JUL 6 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Section, is subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are payable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94937.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BUREAU OF STATISTICS
JUL 5 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Wensday June 22d 1887
4. *Place of Birth (Street and Number),* No 1025 Maldiese old number 15 Lt
5. *Full Name of Mother,* Mrs Rosa Katie Bertier
6. *Mother's Maiden Name,* " " " Black
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr Theodore Paul Bertier
9. *Father's Occupation,* Glass blower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94938.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 1d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 22 June 1887
4. *Place of Birth (Street and Number),* 5-38 Lorain alley
5. *Full Name of Mother,* Mary Frances Brooks
6. *Mother's Maiden Name,* ..... Harris
7. *Mother's Birthplace,* Leonard county
8. *Full Name of Father,* John L. Brooks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 22, 1887
4. *Place of Birth (Street and Number),* 1429 Ward St.
5. *Full Name of Mother,* Lizzie Reynolds
6. *Mother's Maiden Name,* Lizzie Gavdy
7. *Mother's Birthplace,* New York N.Y.
8. *Full Name of Father,* James C. Reynolds.
9. *Father's Occupation,* Brick layer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. H. E. Knipp M.D.

Address, 513 Scott St.

Remarks, I was not present at time of delivery but was called in to arrest umbilical hemorrhage.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 1 1887 BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94940

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th 719 Central Ave Baltimore Md

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Elmira Collins

6. Mother's Maiden Name, Elmira Gibbs

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Thomas E Collins

9. Father's Occupation, Marine Engineer

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 936 Greenmount Av

Remarks, Perfect

JUN 22 1888 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 94941.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 23d 1887

4. Place of Birth (Street and Number), No 2003 Ramsey

5. Full Name of Mother, Molly C. Hausner

6. Mother's Maiden Name, " " " Dorsey

7. Mother's Birthplace, Snow Hill Md.

8. Full Name of Father, Frank H Hausner

9. Father's Occupation, Liner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S Monroe St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 23rd 87

4. Place of Birth, (Street and Number) 432 Pinkney Place

5. Full Name of Mother, Emma Clara Smith Kline felter

6. Mother's Maiden Name, Emma C. Smith

7. Mother's Birthplace, York Pa. U. S. A.

8. Full Name of Father, William Blackford Kline felter

9. Father's Occupation, Brakeman N. C. R. R.

Father's Birthplace, York. Pa. U. S. A.

Name of Medical Attendant, or other Person who makes this Return. Edmund C. Gibbs M. D.

Address, 431 E. Townsend St.

Remarks, Breech presentation. L. L. Antrim

Infant arrived one month before "term".

HEALTH DEPARTMENT, JUN 24 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94943.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 23 of June 1887
4. *Place of Birth (Street and Number),* [illegible]
5. *Full Name of Mother,* Ella Cox
6. *Mother's Maiden Name,* Ella Cagan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Cox
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, No 105 [illegible]

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 2[illegible] 1887 BALTIMORE CITY

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 94944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	the 23 of June 1887
4. Place of Birth (Street and Number),	[illegible]
5. Full Name of Mother,	Ella Coy
6. Mother's Maiden Name,	Ella Eagan
7. Mother's Birthplace,	[illegible]
8. Full Name of Father,	Patrick Coy
9. Father's Occupation,	Coler
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Wm A Lowry
Address,	[illegible]
Remarks,	Bad Case

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 27 '16 BALTIMORE CO

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 94945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	~~W~~ Colored
3. Date of Birth,	June 23 rd. 1887
4. Place of Birth (Street and Number),	1165 ~~N~~ Low St.
5. Full Name of Mother,	A. Gardner
6. Mother's Maiden Name,	A Wilmore
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Sim Gardner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Eastern Shore
Name of Medical Attendant, or other person who makes this Return.	M. A Butt
Address,	647 S.E. cor Central av Monument St.
Remarks,	Well Well

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Building Co., City Printers and Stationers.

RETURN OF A BIRTH 94946.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The fifth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 23 of June
4. *Place of Birth, (Street and Number)* McCleers Court no 831 new No
5. *Full Name of Mother,* Alice Bateman.
6. *Mother's Maiden Name,* Alice James.
7. *Mother's Birthplace,* Alivandra Va.
8. *Full Name of Father,* Benjiman Bateman.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other Person who makes this Return Mrs Caroline Jordon

Address, Gibbs Court 411 New Number

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT JUL 1 1897

INTER & STATIONER, BALT.

RETURN OF A BIRTH 9-1947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White race

3. *Date of Birth,* June the 27th

4. *Place of Birth (Street and Number),* Baltimore Johnson St No 224

5. *Full Name of Mother,* Anna Mary Frances

6. *Mother's Maiden Name,* Summers

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles F Francis

9. *Father's Occupation,* upholster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light St No 1514

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Hubbing Co., City Printers and Stationers.

RETURN OF A BIRTH, 94948.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 23d 1887
4. Place of Birth, (Street and Number) 164, Madison Av. - Extended
5. Full Name of Mother Maggie Gordon
6. Mother's Maiden Name " Casey
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Gordon
9. Father's Occupation Merchant
10. Father's Birthplace - Maryland -

Name of Medical Attendant, or other Person who makes this Return. W. L. McKnew

Address 1401 Linden Av

Remarks

RETURN OF A BIRTH 94947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male

Race or Color (if not of the white race), White

3. *Date of Birth,* June 23rd 1887

4. *Place of Birth (Street and Number),* #1330 Hanover St

5. *Full Name of Mother,* Carrie Bates

6. *Mother's Maiden Name,* Carrie Seabolt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles H Bates

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cattell

Address, No 6 E Montgomery St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

GIVEN NAME ADDED 2-7-56

RETURN OF A BIRTH

94950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Gray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored.

3. Date of Birth. June 23 87

4. Place of Birth, (Street and Number) 614 Stirling St.

5. Full Name of Mother. Emma Gray

6. Mother's Maiden Name, " Murray

7. Mother's Birthplace. Maryland

8. Full Name of Father. Benj. Gray

9. Father's Occupation. Waiter

10. Father's Birthplace. Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson M.D.

Address. 125 Greenmt Ave

Remarks.

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

94951.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23d June

4. Place of Birth, (Street and Number) 2929 Lancester st

5. Full Name of Mother, Margaret Jonchke

6. Mother's Maiden Name, Margaret Brooks

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Jonchke

9. Father's Occupation, Can Maker

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 1029 Curley st

Remarks,

BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 23 — 1887.
4. *Place of Birth (Street and Number),*	1464 Gross st.
5. *Full Name of Mother,*	Mathilde Wiedek.
6. *Mother's Maiden Name,*	Mielke
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Henry Wiedek
9. *Father's Occupation,*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife.
Address,	1032 Hanover st.
Remarks,	

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE

the Commissioner of Health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9119.53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Thursday June 23rd. 1887
4. *Place of Birth, (Street and Number)*	216 N. Chester St.
5. *Full Name of Mother,*	Clara S. Wetzelberger
6. *Mother's Maiden Name,*	Clara Speer
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Lewis Wetzelberger
9. *Father's Occupation,*	Bacon Butcher
10. *Father's Birthplace,*	Balto. Md,
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Braxton M.D.
Address,	Chas. St. & Fremont Place.
Remarks,	

Any person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

9499.84

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) male.

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* June 23d. - 1887.

4. *Place of Birth, (Street and Number)* 1405 Fawn st.

5. *Full Name of Mother,* Mary M. McCann -

6. *Mother's Maiden Name,* Knight -

7. *Mother's Birthplace,* Petersburg Va -

8. *Full Name of Father,* Walter E. McCann -

9. *Father's Occupation,* Editor & Paper -

10. *Father's Birthplace,* Balto - md -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith -

Address, Harlem av. & Calhoun st

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 94958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 23 - 87
4. Place of Birth (Street and Number),	No 1614 1614 E Monument
5. Full Name of Mother,	Emma Maxwell
6. Mother's Maiden Name,	" Morgan
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Thos E. Maxwell
9. Father's Occupation,	Brass finisher
Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 N. Donough St
Remarks,	

JUN 30 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are by law forfeited.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 the

Sex (state whether male or female), female

Race or Color (if not of the white race), White

3. Date of Birth, 23 of June

4. Place of Birth (Street and Number), 925 little Alice Anna St.

5. Full Name of Mother, Anna Baumgärtner

6. Mother's Maiden Name, = Benning

7. Mother's Birthplace, Engelhardsberg Bavaria

8. Full Name of Father, John Baumgärtner

9. Father's Occupation, Bäcker

10. Father's Birthplace, Rauchenberg Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G Weiss.

Address, 2524 Lancaster St.

Remarks, Canton

who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and for

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94957.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 23, 1887
4. *Place of Birth, (Street and Number)* 140 Bradford alley
5. *Full Name of Mother,* Janey Rollins
6. *Mother's Maiden Name,* Janey Robison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johnny Rollins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 432 Keyser St

Remarks,

HEALTH DEPARTMENT, JUN 23 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 23
4. Place of Birth, (Street and Number)	116 Clay Street
5. Full Name of Mother,	Julia Matzels
6. Mother's Maiden Name,	" Swalski
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Samuel Matzels
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald Mr
Address,	310 N Eutaw St
Remarks,	

BALTIMORE, MD. JUN 27 1887 HEALTH DEPARTMENT

...for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 94959.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 23 1887
4. *Place of Birth, (Street and Number)* 38 Dunkins Alley
5. *Full Name of Mother.* harriet Deller
6. *Mother's Maiden Name,* harriet Burley
7. *Mother's Birthplace,* Annoplis
8. *Full Name of Father,* James Deller
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Elley Carson

Address, 1026 North Chapel St citty

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH. 94960.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth born 23 1887
4. Place of Birth, (Street and Number) 923 parish street
5. Full Name of Mother, Catherine Frazier
6. Mother's Maiden Name, Catherine Jennings
7. Mother's Birthplace, Brooklyn maryland
8. Full Name of Father, Edward Frazier
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

HEALTH DEPARTMENT, JUN 27 1887 BALTIMORE MD

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 94961.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23d/87
4. *Place of Birth, (Street and Number)* 733 Saratoga St
5. *Full Name of Mother,* Tillie Adler
6. *Mother's Maiden Name,* " Frankel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman S. Adler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M D

Address, 600 N. Howard St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 94962,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5 ~~th~~

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* June 28rd/887 10 P.M.
4. *Place of Birth,* (*Street and Number*) old 27 Hardn St
5. *Full Name of Mother,* Emma Horstmier
6. *Mother's Maiden Name,* " King
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Horstmier
9. *Father's Occupation,* Balto
10. *Father's Birthplace,* Planning Mills E Halls

Name of Medical Attendant, or other Person who makes this Return. A Sieg Shertzer Md

Address, 1102 E Balto St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH. 94963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thrid

Sex, (state whether male or female) male

Race or Color, (if not of the white race) Coloured

Date of Birth born June 24 1887

Place of Birth, (Street and Number) 240 Carlton Street

Full Name of Mother, Isabella Hardy

Mother's Maiden Name, Isabella amistead

Mother's Birthplace, Baltimore City

Full Name of Father, Sanders amistead

Father's Occupation, Watchman

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Henry C Jones

Address,

Remarks,

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 94964.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 24 — 1887.
4. Place of Birth (Street and Number),	626 Hamburg st
5. Full Name of Mother,	Mary Brunner
6. Mother's Maiden Name,	Junker
7. Mother's Birthplace,	America
8. Full Name of Father,	George Brunner
9. Father's Occupation,	Book-keeper
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrgesser Midwife
Address,	1032 Hanover st.
Remarks,	

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

94965.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1897 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 24
4. *Place of Birth (Street and Number)* 813 S. Eutaw
5. *Full Name of Mother* Maggie Runge
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Md
8. *Full Name of Father* Frank Runge
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. R H P Ellis

Address 915 Light St

Remarks

RETURN OF A BIRTH

94966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mullato
3. Date of Birth, June 24th 1887
4. Place of Birth, (Street and Number) 1426 Philpot alley
5. Full Name of Mother, Caudie Sheer
6. Mother's Maiden Name. Caudie Kellum
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Sheer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. U. Pickel M.D.

Address, 1312 Chew St

Remarks,

HEALTH DEPARTMENT, JUN 27 1887 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	24th June 1881
4. Place of Birth (Street and Number),	No 631 Portland st
5. Full Name of Mother,	Mary Jo Wilkens
6. Mother's Maiden Name,	" " Mack
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Wilkens
9. Father's Occupation,	Wagon Make
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C Seebach
Address,	No 735 W Pratt st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* Negro

3. *Date of Birth,* June 24th 1897

4. *Place of Birth (Street and Number),* 1125 Mavis Alley

5. *Full Name of Mother,* Mary Francis Locke

6. *Mother's Maiden Name,* Mary Francis Locke

7. *Mother's Birthplace,* Charles County Md

8. *Full Name of Father,* Charles Lucker

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. E. H. Wallace M.D.

Address, 25 & 27 Linden Avenue Baltimore City

Remarks,

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 24 of June
4. *Place of Birth (Street and Number),* 377 Canton Ave.
5. *Full Name of Mother,* Kathe Digs
6. *Mother's Maiden Name,* = Regener
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Digs
9. *Father's Occupation,* Laboln
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks, Canton

the Commissioner of Health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

GIVEN NAME ADDED 7-16-57

RETURN OF A BIRTH

94970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Jesse Albert Hall Fifth
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 24—87
4. Place of Birth (Street and Number),	230 N Bond St
5. Full Name of Mother,	Hester A Hall
6. Mother's Maiden Name,	" " Thatcher
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Shepherd C. Hall
9. Father's Occupation,	Iron moulder
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RECEIVED JUL 30 1887 REGISTRAR

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* June 24-87
4. *Place of Birth (Street and Number),* 413 N. Bond St
5. *Full Name of Mother,* Lottie Dawes
6. *Mother's Maiden Name,* " Bealle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George R. Dawes
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonogh St

Remarks,

BALTH DEPARTMENT JUN 30 1887 BALTIMORE, MD.

mother, immediately thereafter it shall become the duty of the person or persons [illegible] the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94972.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race).* Colored
3. *Date of Birth,* June 24th 1887
4. *Place of Birth (Street and Number),* 35 Pilpot Al.
5. *Full Name of Mother,* Mary Jackson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chesapeake Jackson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

mother, immediately thereafter. It shall be the duty of the Registrar of Vital Statistics, in the manner prescribed by the Commissioner of Health, in the period of this section who shall hereafter fail to comply with the provisions of this section for each offence, to be recovered as other fines are recovered.

JUL 7 1887 BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 24th
4. *Place of Birth, (Street and Number)* 1236 Sassafras Dr
5. *Full Name of Mother,* Alice Allen
6. *Mother's Maiden Name,* Alice McCall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas W Allen
9. *Father's Occupation,* Coal dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo R Graham MD

Address, 725 Columbia ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 2 1894 BALTIMORE MD

RETURN OF A BIRTH 94974.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	June 24, 1887
4. Place of Birth (Street and Number),	2409 Alice Anna St.
5. Full Name of Mother,	Annie Julia Tonnor
6. Mother's Maiden Name,	Annie Julia Barnes
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jacob Francis Tonnor
9. Father's Occupation,	Clerk
10. Father's Birthplace.	Balto.
Name of Medical Attendant. or other person who makes this Return.	Mary L. Savayne
Address,	726 Luzerne St.
Remarks,	

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9119758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	June 24, 187
4. Place of Birth (Street and Number),	2310 Eutaw St.
5. Full Name of Mother,	Mary Ellen Apple
6. Mother's Maiden Name,	Mary Ellen Smith
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Peter Apple
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant. or other person who makes this Return.	Mary L. Sprayne
Address,	726 Luzerne St.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 94976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* born June 24 1887
4. *Place of Birth, (Street and Number)* 1015 Bruce street
5. *Full Name of Mother,* Louisa Dorsey
6. *Mother's Maiden Name,* Louisa season
7. *Mother's Birthplace,* Carroll County maryland
8. *Full Name of Father,* Charles season
9. *Father's Occupation,* hod Carrier
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks, " " " "

HEALTH DEPARTMENT BALTIMORE, MD. JUN 2 1887

...be in attendance upon the mother, immediately, or in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 94977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June July the 25 1887
4. *Place of Birth (Street and Number),* Coal st No 302
5. *Full Name of Mother,* ruthy Crist
6. *Mother's Maiden Name,* ruthy upstegraph
7. *Mother's Birthplace,* Baltimore Co M D
8. *Full Name of Father,* Harry Crist
9. *Father's Occupation,* Calver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Sailer

Address, No 2022 Wilkins Ave

Remarks,

BRANCH DEPARTMENT JUL 2 1887 BALTIMORE CITY

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 4th 1907
4. Place of Birth (Street and Number),	Fennant st No 135
5. Full Name of Mother,	Laura Standath
6. Mother's Maiden Name,	Laura Slade
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William F Standath
9. Father's Occupation,	Agent
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs D Kelley
Address,	No 2022 Wilkins Ave
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 94979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Inyasea

1. *Sex (state whether male or female),* Inyale
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 25 1887
4. *Place of Birth (Street and Number),* 129 Albemarle St
5. *Full Name of Mother,* Beckie Snyatman
6. *Mother's Maiden Name,* Beckie Leefsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Snyatman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Ashemase

Address, Albemarle st no 103.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94980.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY HEALTH DEPARTMENT
JAN 27 1887
RECEIVED

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	June 25 - 87
4. Place of Birth, (Street and Number)	508 Forest
5. Full Name of Mother,	Yetta Roder
6. Mother's Maiden Name,	Yetta Silverman
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Barney Roder
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Daniel F Moyer M.D.
Address,	728 Aisquith St
Remarks,	City

the manner and within the period above required, and any such person
the provisions of this section, shall be subjected to the fine of ten (10) dollars
forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

9 1 981.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 25th of June 1887
4. Place of Birth (Street and Number),	No. 2005 Eastern Avenue
5. Full Name of Mother,	Mrs. Bauernschub
6. Mother's Maiden Name,	Carrie Reice
7. Mother's Birthplace,	Saint Michels
8. Full Name of Father,	Mr. John Bauernschub
9. Father's Occupation,	Forman. for Mr. J. J Turner.
10. Father's Birthplace,	Bavaria
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* June 25, 87
4. *Place of Birth (Street and Number),* 1835 Frederick Ave
5. *Full Name of Mother,* Augusta Ruppecht
6. *Mother's Maiden Name,* " Bicking
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Richard E. Ruppecht.
9. *Father's Occupation,* Sculptor
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. J. R. Weland M.D.

Address, 1803 W. Pratt St

Remarks,

mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 7 1887 BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 94983.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	25th June
4. Place of Birth (Street and Number),	212 Chestnut st.
5. Full Name of Mother,	Louise Schreuer
6. Mother's Maiden Name,	Bunzer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Schreuer
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Caspar
Address,	1016 E. Fountain st.
Remarks,	

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers,

RETURN OF A BIRTH

94984.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
Date of Birth,	25 June 1887
Place of Birth, (Street and Number)	Eastern Avenue
5. *Full Name of Mother,*	Emmy Mohr
Mother's Maiden Name,	Emmy Riedel
Mother's Birthplace,	Westerstädt. Jane Weimar
8. *Full Name of Father,*	Georg Mohr
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Lensel. Hessen Darmstadt
Name of Medical Attendant, or other Person who makes this Return.	A F Reinhard
Address,	720 N Howard Street
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 94985.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 25. 1887
4. *Place of Birth, (Street and Number)* 407 S Eden St.
5. *Full Name of Mother,* Caroline Brandau
6. *Mother's Maiden Name,* Fisher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Valtin Brandau
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Baltimore Md.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

JUN 30 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 94986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* June 25th 1917

4. *Place of Birth, (Street and Number)* 1005 Hillen's

5. *Full Name of Mother,* Emma Watson

6. *Mother's Maiden Name,* " Carr

7. *Mother's Birthplace,* Norfolk - Va -

8. *Full Name of Father,* Walter Watson

9. *Father's Occupation,* Merchant -

10. *Father's Birthplace,* Hanover Cty Va -

Name of Medical Attendant, or other Person who makes this Return. D. Steele M.D.

Address, 408 N. Exeter St -

Remarks, Second born of twin birth

BALTIMORE CITY DEPARTMENT OF HEALTH JUN 27 1917

...the duty of the person or parents of such child, to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with this law shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines are.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 94987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 25th 1887
4. *Place of Birth, (Street and Number)* 335 N. Eden St
5. *Full Name of Mother,* Kate Gender
6. *Mother's Maiden Name,* " Wheat
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* G Charles Gender
9. *Father's Occupation,* Oyster Packer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Morris, MD

Address, 118 E. Franklin St.

Remarks,

HEALTH DEPARTMENT JUL 30 1887 BALTIMORE MD

...in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 94988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colloid
3. *Date of Birth,* June 25 ttr 1887
4. *Place of Birth, (Street and Number)* Wellcome alley
5. *Full Name of Mother,* Mary Jhonson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 229 yorkst

Remarks,

HEALTH DEPARTMENT JUN 27 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

94989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 25 1887
4. Place of Birth, (Street and Number) 1005 Hillen St
5. Full Name of Mother, Emma Watson
6. Mother's Maiden Name, " Carr
7. Mother's Birthplace, Norfolk - Va
8. Full Name of Father, Walter Watson
9. Father's Occupation, Merchant
10. Father's Birthplace, Harpers Ferry Va.

Name of Medical Attendant, or other Person who makes this Return. Dr Streett MD

Address, 403 N. Exeter St

Remarks, This child was the first born of twins

HEALTH DEPARTMENT, JUN 27 1887 BALTIMORE MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

Missing 94990-95009,
incl.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 27-87
4. Place of Birth (Street and Number),	816 Fairmount Ave
5. Full Name of Mother,	Ida May. Hall Thornton
6. Mother's Maiden Name,	" "
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jeles H. Hall
9. Father's Occupation,	Cleark
10. Father's Birthplace,	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Dough St
Remarks,	

mother, immediately thereafter it shall become the duty of the person of parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95011)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27-1887
4. *Place of Birth, (Street and Number)* 199 Fairmount Ave
5. *Full Name of Mother,* Mary E. Webster
6. *Mother's Maiden Name,* Mary E. Reed
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* James H. Webster
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return P. V. Hoffman MD

Address, 1812 E. Baltimore St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE, MD.

ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 2 1887.
4. Place of Birth (Street and Number),	133 N. Pine St
5. Full Name of Mother,	Carrie Hamburger
6. Mother's Maiden Name,	Haas
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Hamburger
9. Father's Occupation,	Saloon Keeper.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	S. H. Sidner M.D.
Address,	S E Cor Caroline & Eager Sts
Remarks,	

BALTIMORE JUN 12 1887

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

950 13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 27th June
4. *Place of Birth (Street and Number),* Hereford road
5. *Full Name of Mother,* Mrs. Lizzie Whipfield
6. *Mother's Maiden Name,* Lizzie Broker
7. *Mother's Birthplace,* W Baltimore city
8. *Full Name of Father,* John Whipfield
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore city.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

JUL 13 1897 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st (95011)
1. *Sex, (state whether male or female)*	Female
Race or Color, (if not of the white race)	White
Date of Birth,	June 27, 1887
Place of Birth, (Street and Number)	615 W. Fifth St.
Full Name of Mother,	Marie D. Egerton.
6. *Mother's Maiden Name,*	Marie D. Hamburg.
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Bayard C. Egerton,
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	D. W. Houck M.D.
Address,	1005 E Balto St.
Remarks,	

duty of the parent or parents of such child to report within the period above required, except in the c... any person or persons who shall hereafter fail to ... to a fine of ten dollars for each offence, to be r...

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 9501S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 T.

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White Race

3. *Date of Birth,* 25 of June

4. *Place of Birth (Street and Number),* Leaden hall st no 809.

5. *Full Name of Mother,* Anna C Knapp.

6. *Mother's Maiden Name,* anna C Thurn.

7. *Mother's Birthplace,* Balto md

8. *Full Name of Father,* Henry C Knapp

9. *Father's Occupation,* Cigar Manuf.

10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return. Emil Meinecke

Address, 800 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the p... who shall hereafter fail to comply with the provisions of ch... for each offence, to be recovered as other fines and forfeitur...

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark brown
3. *Date of Birth* June 25 1887
4. *Place of Birth, (Street and Number)* 929 Pennsylvania Av
5. *Full Name of Mother,* Blanche Burks
6. *Mother's Maiden Name,* Plumer
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Adam Burks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, 642 Jasper St

Remarks,

BEATTY DEPARTMENT, JUN 30 1887 BALTIMORE, MD.

...birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the duty of the person or parents of such child, to report its birth to the Commissioner of Health, [illegible] the period above required, and any such person or persons who shall hereafter fail to comply [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other [illegible] for [illegible] are recov...

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27/87
4. *Place of Birth, (Street and Number)* 31 Cross St
5. *Full Name of Mother,* Sarah Levin
6. *Mother's Maiden Name,* Sarah Perl
7. *Mother's Birthplace,* Russa
8. *Full Name of Father,* Harry Levin
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 87 Sharp St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* June 27, 1887.

4. *Place of Birth, (Street and Number)* 942 w Fayette St.

5. *Full Name of Mother,* Lizzie J Brown

6. *Mother's Maiden Name,* Wright

7. *Mother's Birthplace,* Chester Co Pa

8. *Full Name of Father,* Thos. L. Brown

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return. J. D. Norwood M.D.

Address, 939 w Fayette St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Col
3. *Date of Birth,* June 27th 1887
4. *Place of Birth (Street and Number),* 23d Bruce
5. *Full Name of Mother,* Emma Tasker
6. *Mother's Maiden Name,* Emma Stone
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm Tasker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. June Woodland

Address,

Remarks,

HEALTH DEPARTMENT JUL 1887 BALTIMORE MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

not listed in Vol. 8.

RETURN OF A BIRTH. 9502 a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex*, (state whether male or female) Male.
2. *Race or Color*, (if not of the white race) White.
3. *Date of Birth* June 27 1882.
4. *Place of Birth*, (Street and Number) No. 1528 Linwith st.
5. *Full Name of Mother*, Mary E. Aro.
6. *Mother's Maiden Name*, Mary E. Flaykart
7. *Mother's Birthplace*, Baltimore.
8. *Full Name of Father*, Samuel Aro.
9. *Father's Occupation*, Laborer.
10. *Father's Birthplace*, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Elwell, M.D.

Address, 1741 Harford ave

Remarks,

reports birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95020 B

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 27 June
4. *Place of Birth (Street and Number),* 1142 Low St.
5. *Full Name of Mother,* Katie Brady
6. *Mother's Maiden Name,* " Wensel
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Brady
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Balto, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Uhrig

Address, 1302 Holland St

Remarks,

who shall hereafter fail to comply with the requisitions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Lizzie

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 27, 1887
4. *Place of Birth (Street and Number),* 1236 S. Fayette St
5. *Full Name of Mother,* Bratha Schwartz
6. *Mother's Maiden Name,* Brotha Wolfe
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Schwartz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Ashmore

Address, Albemarle st No 103

Remarks,

JUL 12 1887

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 27 June

4. *Place of Birth, (Street and Number)* 120 Druid Hill Ave

5. *Full Name of Mother,* Mary E Wardall

6. *Mother's Maiden Name,* Mary E Rathie

7. *Mother's Birthplace,* Leesburg Va

8. *Full Name of Father,* James Wardall

9. *Father's Occupation,* Ship builder

10. *Father's Birthplace,* Liverpool England

Name of Medical Attendant, or other Person who makes this Return W. A. Ledley

Address. 1004 Lexington St. Baltimore

Remarks.

HEALTH DEPARTMENT, JUL 5 1881 BALTIMORE, MD.

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	June 27 th 1897
4. Place of Birth (Street and Number),	295 W. Hoffman st
5. Full Name of Mother,	Susie Moody
6. Mother's Maiden Name,	Susie Morrison
7. Mother's Birthplace,	Richmond. Va
8. Full Name of Father,	Wm J moody
9. Father's Occupation,	Porter
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Hester Colonce
Address,	434 W. monument st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* June 27-1887
4. *Place of Birth, (Street and Number)* 614 Constitution
5. *Full Name of Mother,* Lizzie A. O'Neill
6. *Mother's Maiden Name,* " " Higgins
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Hugh F. O'Neill
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. D. Shetle M.D.

Address, 40 S. N. Edens.

Remarks,

HEALTH DEPARTMENT, JUN 1887, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95025.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	28th June.
4. Place of Birth (Street and Number),	1030 W. Lombard St.
5. Full Name of Mother,	Mrs. Elizabeth Wimmer.
6. Mother's Maiden Name,	E. Volk.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Edward Milton Wimmer.
9. Father's Occupation,	Piano Maker.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Seebach.
Address,	Old no. 439 W. Pratt St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT, JUL 1 1887 BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Alice Elizabeth Haughey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28th 1887

4. Place of Birth, (Street and Number) 1601 N. Gilmor St

5. Full Name of Mother, Kate Haughey

6. Mother's Maiden Name, Kaufman

7. Mother's Birthplace, Balto

8. Full Name of Father, William Haughey

9. Father's Occupation, Shoekeeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks, [redacted] 6-27-02

...TERS AND STATIONERS

RETURN OF A BIRTH 9:027.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28th 1887

4. Place of Birth, (Street and Number) 1240 West Pratt st Balto

5. Full Name of Mother, Annie Mickey

6. Mother's Maiden Name, Annie Schlitz

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Mickey

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Kraning

Address, 414 South Stricker st Balto Md

Remarks, Mother and Child are doing well

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95028.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	28th of June
4. Place of Birth (Street and Number),	1090 Duncan Alley
5. Full Name of Mother,	Annie Nelson
6. Mother's Maiden Name,	Pierce
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Edward Nelson
9. Father's Occupation,	Grocer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

Who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* 28th June
4. *Place of Birth, (Street and Number)* Baltimore 165 W. Pratt St
5. *Full Name of Mother,* Ellen Hughes
6. *Mother's Maiden Name,* Ellen Harrigal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry C. Hughes
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 413 S. Poppleton St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1895
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored race

3. *Date of Birth,* 20th of June 1895

4. *Place of Birth, (Street and Number)* Baltimore No 1011 Warner Street

5. *Full Name of Mother,* Elizabeth White

6. *Mother's Maiden Name,* Elizabeth Johnson

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Frank White

9. *Father's Occupation,* Laborer

Father's Birthplace, Worcester County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catharine Riley

Address, 41 Walker St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96031

GIVEN NAME ADDED 8-3-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Vernon McKelvy

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) 1

Sex (~~state whether male or~~ female), female

2. Race or Color (~~if not of the~~ white race). white

3. Date of Birth, June 28th 1887

4. Place of Birth (Street and Number), 89 Carlton St.

5. Full Name of Mother, Martha V. McKelvy

6. Mother's Maiden Name, Martha V. Johnson

7. Mother's Birthplace, Baltimore City, Md.

8. Full Name of Father, Wash. H. McKelvy

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John L. K. Boyd, M.D.

Address, 662 W. Lexington St.

Remarks,

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95032.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, June 28th 1895.

4. Place of Birth (Street and Number), 367 Lafayette Ave.

5. Full Name of Mother, Mrs Nora Hall

6. Mother's Maiden Name, Chatmon

7. Mother's Birthplace, "

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. H. H. Biddle M.D.

Address, 1910 Saratoga St

Remarks,

who shall here after fail to comply with the provisions of this section shall be subjected to the fine of ten [illegible] dollars for each offence, to be recovered as other fines are recoverable.

BOARD OF HEALTH BALTIMORE MD. 1895

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUN 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colloid
3. Date of Birth, Baltimore June the 28th 1887
4. Place of Birth, (Street and Number) Baltimore 407 Myrtle avenue
5. Full Name of Mother, Gusta ~~thomas~~
6. Mother's Maiden Name, Gusta Johnson
7. Mother's Birthplace, Chester town
8. Full Name of Father, William ~~thomas~~ thompson
9. Father's Occupation, Lumber pieder
10. Father's Birthplace, Kent County

Name of Medical Attendant, or other Person who makes this Return. Sarah duvol

Address, # 213 Jasper Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95034.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Haselhost

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 28th 1887

4. Place of Birth, (Street and Number) Washington av. 24 Balto Md

5. Full Name of Mother, Maggie Roselhost

6. Mother's Maiden Name, Maggie Binger

7. Mother's Birthplace, Germany

8. Full Name of Father, William Roselhost

9. Father's Occupation, Harness Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Mary Kraning

Address, 414 South Stricker St Balto Md

Remarks, Mother and Child are doing well

GIVEN NAME ADDED 1-8-54 L.M

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 95035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* June 28 1887
4. *Place of Birth (Street and Number),* 207 N. Frederick
5. *Full Name of Mother,* Martha Ehrenberg
6. *Mother's Maiden Name,* " Hoffmann (widow name)
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Ehrenberg
9. *Father's Occupation,* Keeper of Restaurant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. D. Sheeth MD

Address, 408 N. Exeter

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95036.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	28th June
4. *Place of Birth (Street and Number),*	1040 N Broadway
5. *Full Name of Mother,*	Annie E Wright
6. *Mother's Maiden Name,*	" " Groome
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Edwin W Wright
9. *Father's Occupation,*	Printer
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay St
Remarks,	

BALTIMORE MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95037.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth June 28 1887

4. Place of Birth, (Street and Number) 234 Linden Ave

5. Full Name of Mother, Isabelle Raff Cahn

6. Mother's Maiden Name, Isabelle Raff

7. Mother's Birthplace, Balto

8. Full Name of Father, Felix Cahn

9. Father's Occupation, Merchant

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. F. E. Chabard Jr

Address, 516 Park ave

Remarks,

BEAUTY DEPARTMENT, JUL 11 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fine (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Jewish

3. *Date of Birth,* 28 June

4. *Place of Birth (Street and Number),* 1131 Low St.

5. *Full Name of Mother,* Minnie Bernstein

6. *Mother's Maiden Name,* " " Simon

7. *Mother's Birthplace,* Poland.

8. *Full Name of Father,* Leopold Bernstein

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St.

Remarks,

HEALTH DEPARTMENT JUL 6 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Negro
3. *Date of Birth,* June 28 — 1887
4. *Place of Birth (Street and Number),* 1403 May St.
5. *Full Name of Mother,* Laura Bell
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Simon Bell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered

BALTIMORE, MD.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95040.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, ~~67 E. Pratt st.~~ 28th June 1889

4. Place of Birth (Street and Number), 67 E. Pratt st.

5. Full Name of Mother, Esther Rothstein

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Rothstein

9. Father's Occupation, Merchant

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

JUL 9 1889 BALTIMORE MD

who shall hereafter fail to comply with the provisions of the [illegible] to the file of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 28th June 1887
4. Place of Birth (Street and Number),	1923 west Pratt st
5. Full Name of Mother,	Mrs. Campell
6. Mother's Maiden Name,	Min ! -
7. Mother's Birthplace,	Born Cumberland
8. Full Name of Father,	Mr. Campell
9. Father's Occupation,	Life insurence Agent
10. Father's Birthplace,	Born Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hilber
Address,	2127 west Pratt st
Remarks,	

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Guthrie Co., City Printers and Stationers.

RETURN OF A BIRTH 98042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, June 8th 28 1868

4. Place of Birth (Street and Number), Fulton st No 220

5. Full Name of Mother, Anny Blankner

6. Mother's Maiden Name, Anny Burkmuller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Beauregard Blankner

9. Father's Occupation, ~~Baltimore~~ Cabber

10. Father's Birthplace, Baltimore

Name of Medical Attendant. or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 28ten June
4. Place of Birth (Street and Number),	717. Corlein Str
5. Full Name of Mother,	Louise Deitmann
6. Mother's Maiden Name,	Louise Nordwieck
7. Mother's Birthplace,	Germania
8. Full Name of Father,	Thomas Deitmann
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	N. 517, S. Dallas Str
Remarks,	Hebamme

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 & d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Dark Brown
3. *Date of Birth* June 28 1887
4. *Place of Birth, (Street and Number)* #320 State St.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* " West
7. *Mother's Birthplace,* Charles County
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Drysman
10. *Father's Birthplace,* St. Mary's County

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, # 642 Jasper St.

Remarks,

JUN 30 1887
BALTIMORE, MD.

...urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95'0415'

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th
4. *Place of Birth, (Street and Number)*	317 Park Ave
5. *Full Name of Mother,*	Rosa Frederick
6. *Mother's Maiden Name,*	Rosa Buckheimer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin L. Frederick
9. *Father's Occupation,*	Manufact. Store Fixtures
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	F. Reed Rice
Address,	110 Cathedral St
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

...y, City Printers and Stationers.

RETURN OF A BIRTH. 95046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 29th

4. Place of Birth, (Street and Number) 2012 E Bank St

5. Full Name of Mother, Addie Wallace

6. Mother's Maiden Name, do, Sullivan

7. Mother's Birthplace, Sussex Co Va

8. Full Name of Father, Nathan T Wallace

9. Father's Occupation, Can Maker

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 225 S Ann St

Remarks, Mother & babe so far doing well

HEALTH
JUL 1 1887
BALTIMORE MD

...or persons who shall hereafter fail to comply with the provisions of this ... be subjected to the fine of ten (10) dollars for each offence to be recovered as other ... for ...

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95047.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	June 29th. 1887
4. *Place of Birth (Street and Number),*	1628 Miller St.
5. *Full Name of Mother,*	Mindy Smith
6. *Mother's Maiden Name,*	Mindy Gardner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	E. Smith
9. *Father's Occupation,*	Laborer Blind
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 E cor Central av & Monument St.
Remarks,	A 9 Mill

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE MD.

who SHALL hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95048.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY Frank Joseph Loane

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 29th 1887
4. *Place of Birth, (Street and Number)*	1214 Pine
5. *Full Name of Mother,*	Theresa Loane
6. *Mother's Maiden Name,*	Bauer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas. F. Loane
9. *Father's Occupation,*	Machinist
0. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. T. Reynolds M.D.
Address,	722 Aisquith St.
Remarks,	GIVEN NAME ADDED. 3-14-52

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	June 29
4. *Place of Birth (Street and Number),*	1431 Lanvale St.
5. *Full Name of Mother,*	Nettie Bealmear
6. *Mother's Maiden Name,*	Brewer
7. *Mother's Birthplace,*	Annapolis
8. *Full Name of Father,*	Wm B. Bealmear
9. *Father's Occupation,*	Anne Arundle Co
10. *Father's Birthplace,*	Salesman
Name of Medical Attendant, or other person who makes this Return.	H M Wilson
Address,	1008 Mad Ave
Remarks,	

HEALTH DEPARTMENT, BALTIMORE

...shing Co., City Printers and Stationers

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95050.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored race

3. *Date of Birth,* 29th of June 1887

4. *Place of Birth, (Street and Number)* Baltimore 443 Hamilton St

5. *Full Name of Mother,* Annie Wright

6. *Mother's Maiden Name,* Annie Riley

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Garrison S Wright

9. *Father's Occupation,* Fisherman

10. *Father's Birthplace,* Queen County Maryland

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 618 Walker St

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH

95051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 29 1887
4. Place of Birth (Street and Number),	No 726 Sarhar ann
5. Full Name of Mother,	Mrs Mary May Hardy
6. Mother's Maiden Name,	Mary May Brand
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Mr Michael J Hardy
9. Father's Occupation,	Basket maker
10. Father's Birthplace,	Louisville Ky
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95062.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7th) Seventh

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, 29th day of June

4. Place of Birth (Street and Number), 634 Columbia Ave

5. Full Name of Mother, Louisa Kraemer

6. Mother's Maiden Name, Louisa Becker

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Kraemer

9. Father's Occupation, Manufacturer of Toys &c

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Hellegonda Schleifer

Address, 529 Columbia Ave

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95053.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 29th 1887
4. Place of Birth (Street and Number), 213 South Eden St
5. Full Name of Mother, Matilda Hellwig
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, York Pa
8. Full Name of Father, August Hellwig
9. Father's Occupation, Coal Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. W. Free M.D.

Address, 602 N. Carey St

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUL 9 1887

...shing Co., City Printers and Stationers

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95054.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 4th Child

Sex, (*state whether male or female*) Male.

2. Race or Color, (*if not of the white race*) —

3. Date of Birth, June 29th 1887.

4. Place of Birth, (*Street and Number*) 1327 Hollins St.

5. Full Name of Mother, Catherine E. Rogers.

6. Mother's Maiden Name, " " Wroten.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Charles C. Rogers.

9. Father's Occupation, Insurance.

10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Talbott M.D.

Address, 524 Sharp St.

Remarks,

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE MD.

For each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 95055.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 29 June
4. *Place of Birth (Street and Number),* 1931 E. Fayette St.
5. *Full Name of Mother,* Mary Culver
6. *Mother's Maiden Name,* " Schaefer
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Arthur Culver
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland St

Remarks, Balto.

BEALTH DEPARTMENT JUL 6 1887 BALTIMORE MD

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95056.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* June 29/87

4. *Place of Birth (Street and Number),* 570 Chestnut Al. Court

5. *Full Name of Mother,* Charlotte Dunson

6. *Mother's Maiden Name,* Charlotte Killen

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Jacob Dunson

9. *Father's Occupation,* Dwarf

Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

HEALTH DEPT. JUL 6 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 29th 1887
4. Place of Birth (Street and Number),	1931 E. Fayette St
5. Full Name of Mother,	Mary E. Culver
6. Mother's Maiden Name,	Dir-Schäffer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Arthur Culver
9. Father's Occupation,	Tinner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	J. H. Seldner M. D.
Address,	S.E. Cor Caroline & Eager Sts
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Jan 29/87

4. *Place of Birth (Street and Number),* Cor Sanford & Poca

5. *Full Name of Mother,* Bertha Bonsford

6. *Mother's Maiden Name,* Seleguin

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Elmer Bunford

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W H Crew MD

Address, 413 W Hazelwood

Remarks, —

BOARD OF HEALTH DEPARTMENT JUL 1 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 30th 1887

Place of Birth, (Street and Number) 912 N Saratoga St

Full Name of Mother, Maggie Miller

Mother's Maiden Name, Krauss

Mother's Birthplace, Balto

Full Name of Father, Henry Miller

Father's Occupation, Heater in R R Shops

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler MD

Address, 2105 Druid Hill Ave

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT JUL 1 1887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95060)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 30. 1887.

4. Place of Birth, (Street and Number) 607 Townsend St.

5. Full Name of Mother, Ella Riggs Carter

6. Mother's Maiden Name, Ella Riggs Riddle

7. Mother's Birthplace, Howard County Ind.

8. Full Name of Father, Frank Carter

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Dr C. Hamilton Ind.

Address, 1434 Penna Ave

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as debts of like amount are recoverable.

BALTIMORE

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95061.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

REGISTER'S DEPARTMENT, JUL 6 1887 BALTIMORE MD.

No. of Child (or Mother) (state whether 1st, 2d, 3d, &c.) Four (4-)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colᵈ

3. Date of Birth, June 30th 1887

4. Place of Birth, (Street and Number) 9th 134 E. Dallas St

5. Full Name of Mother, Martha Taylor,

6. Mother's Maiden Name, Johnson,

7. Mother's Birthplace, North Carolina,

8. Full Name of Father, Moses Taylor,

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other Person who makes this Return. Louis Deaton

Address, 242 E. Dallas St

Remarks,

..., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95062.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* June 30th 1887

4. *Place of Birth (Street and Number),* Free Lying in Hosp. of Md Univ.

5. *Full Name of Mother,* Rachael Rebecca Henry

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore Md "

8. *Full Name of Father,* Not Known

9. *Father's Occupation,* " "

Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Dr Mahr

Address, Free Lying in Hospital of Md. Univ.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		(95063) 1
Sex (state whether male or female),		Little, Boy
2. Race or Color (if not of the white race),		White race
3. Date of Birth,		Born June 30. 1884
4. Place of Birth (Street and Number),		No 2101 Frederich ave
5. Full Name of Mother,		Mrs. Schluttler
6. Mother's Maiden Name,		Miss Bohm
7. Mother's Birthplace,	Hannavor	Weimar Germany
8. Full Name of Father,		Mr Schluttler
9. Father's Occupation,		Laborer
10. Father's Birthplace,		Weiman Germany
Name of Medical Attendant, or other person who makes this Return.		Mrs. Hiller
Address,		2127 west Pratt st
Remarks,		

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 95066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), fema

2. Race or Color (if not of the white race), white

3. Date of Birth, June 30

4. Place of Birth (Street and Number), Hanover & Lee sts

5. Full Name of Mother, Cath Kinnan

6. Mother's Maiden Name, " Edmonds

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Kinnan

9. Father's Occupation, Tugboat Captain

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. L C Bond MD

Address, 511 Hanover St

Remarks,

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

...tures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 95065,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30. 87
4. *Place of Birth, (Street and Number)* 1325 Lafayette ave
5. *Full Name of Mother,* Lucy M Kinsley
6. *Mother's Maiden Name,* Lucy M Mitchell
7. *Mother's Birthplace,* No
8. *Full Name of Father,* Bernard Kinsley
9. *Father's Occupation,* Hardware Merchant
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return J. M. Hundley

Address, 1002 Edmondson Ave

Remarks,

JUL 7 1887 BALTIMORE MD

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 30 87
4. Place of Birth, (Street and Number) 312 Stark	Stark & Deutsch Sts
5. Full Name of Mother,	Anna Deutsch
6. Mother's Maiden Name,	Anna Steiner
7. Mother's Birthplace,	Hungary
8. Full Name of Father,	Leo Deutsch
9. Father's Occupation,	Button hole maker
10. Father's Birthplace,	Hungary
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald
Address,	310 N Eutaw St. Lt
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

95067.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 30th 1887
4. Place of Birth, (Street and Number)	810 Aisquith St.
5. Full Name of Mother,	Florence Lenkuhl
6. Mother's Maiden Name,	Hood
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Louis Lenkuhl
9. Father's Occupation,	Letter Carrier
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	H. J. Reynolds M.D.
Address,	722 Aisquith St.
Remarks,	

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~29th~~ June 30th June
4. *Place of Birth, (Street and Number)* Baltimore. Wolfe St. No 207. S.
5. *Full Name of Mother,* Jenny May
6. *Mother's Maiden Name,* Bretzer
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John A. May
9. *Father's Occupation,* Dairy man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

BOARD OF HEALTH DEPARTMENT BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95069.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 June 1887
4. Place of Birth, (Street and Number) Carollton Avenue 1021
5. Full Name of Mother, Elisabeth Cunningham
6. Mother's Maiden Name, Elisabeth Schreiber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Cunningham
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhard

Address, 720 N Howard Street

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH 950 %.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colord
3. Date of Birth, June 30th
4. Place of Birth (Street and Number), 10020 Howard St. South
5. Full Name of Mother, Mary ~~Gross~~ Holmes
6. Mother's Maiden Name, Mary Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harman Holmes
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 10049 S. Howard St

Remarks,

JUL 7 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-56

RETURN OF A BIRTH

95071.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Irene Herman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 30th 1887
4. *Place of Birth (Street and Number),* 1912 Light St
5. *Full Name of Mother,* Emily A. Herman
6. *Mother's Maiden Name,* " " Rhinehart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno P. Herman
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St Rev. Ld.

Remarks,

BALTIMORE, MD. OCT 9 1887

...blishing Co., City Printers and Stationers

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 95072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth June 30th 1887.
4. Place of Birth, (Street and Number) 2211 E. Lombard St
5. Full Name of Mother, Santa Maria Mister
6. Mother's Maiden Name, Santa Maria McNamara.
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, James E. Mister
9. Father's Occupation, Mariner
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address, 309 St Paul St. Estd

Remarks, Child Healthy

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 27 1887

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and [illegible] recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95073.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, June 30th 1887
4. Place of Birth (Street and Number), 4 Market Space
5. Full Name of Mother, Henrietta Schapiro
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Schapiro
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

who shall hereafter fail to comply with the [illegible] of this section [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] recovered [illegible].

JUL 9 1887 BALTIMORE MD

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

950/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7.7.52

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), Female Ida Louise Lang

2. Race or Color (if not of the white race), White

3. Date of Birth, June 30th 1887

4. Place of Birth (Street and Number), 34 Poultney St

5. Full Name of Mother, Elizabeth Lang

6. Mother's Maiden Name, " Kuffy

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas C Lang

9. Father's Occupation, Fruit Packer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 578 Hanover St Rd. B

Remarks,

HEALTH DEPARTMENT JUL 7 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers

...ns shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95075.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elisabeth Hohlbein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born June 30th 1887
4. Place of Birth (Street and Number),	No 1839 west Pratt st
5. Full Name of Mother,	Mrs. Elisabeth Hohlbein
6. Mother's Maiden Name,	Miss " Kahl
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr John Hohlbein
9. Father's Occupation,	Car Driver
Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 950/6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 30 1887

4. *Place of Birth, (Street and Number)* 916 Pearl alley

5. *Full Name of Mother,* Mary McNally

6. *Mother's Maiden Name,* " Rinn

7. *Mother's Birthplace,* Balt. City

8. *Full Name of Father,* John McNally

9. *Father's Occupation,* Policeman

10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other Person who makes this Return. Martin Brown M.D.

Address, 1031 McCulloh street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 9507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* June 30th 1887

4. *Place of Birth (Street and Number),* Baltimore 1026 Sharp st

5. *Full Name of Mother,* Julia Langlotz

6. *Mother's Maiden Name,* Julia Dunn

7. *Mother's Birthplace,* St Mary County

8. *Full Name of Father,* Aug Langlotz

9. *Father's Occupation,* Cigar maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Jno H Shaffer

Address, 1139 Eutaw st

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 950 a/8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether ~~male~~ or female),
2. Race or Color (if not of the white race),
3. Date of Birth, 30 June 1887
4. Place of Birth (Street and Number), 921 Bevan St
5. Full Name of Mother, Mary Booker
6. Mother's Maiden Name, Reblein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lenard Booker
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch.

Address, 800 Leadenhall St.

Remarks,

BALTIMORE MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl Child
2. *Race or Color, (if not of the white race)* Colored Child
3. *Date of Birth,* 30 of June 1887
4. *Place of Birth, (Street and Number)* No 1022 Stockton ally
5. *Full Name of Mother,* Lucy Watson
6. *Mother's Maiden Name,* Lucie Sharts
7. *Mother's Birthplace,* Saint May County
8. *Full Name of Father,* Jack Mason
9. *Father's Occupation,* Labering man
10. *Father's Birthplace,* Born in Saint May County

Name of Medical Attendant, or other Person who makes this Return had none

Address, Mid Wife Harriett Hutson

Remarks, No 10 B harmony lane

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 95080.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June the 30 1887
4. Place of Birth (Street and Number),	Carlton Ave No 102
5. Full Name of Mother,	Kate Stiner
6. Mother's Maiden Name,	Kate Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jefferson Stiner
9. Father's Occupation,	Barber
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 2022 Wilkinson Ave
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95084.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 30 1887.
4. Place of Birth (Street and Number),	33 Cross st.
5. Full Name of Mother,	Anna Mache.
6. Mother's Maiden Name,	Fairmer.
7. Mother's Birthplace,	America
8. Full Name of Father,	John Mache.
9. Father's Occupation,	Machinest.
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95082.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 30th
4. *Place of Birth, (Street and Number)* Hill St. 200
5. *Full Name of Mother,* Martha Stark
6. *Mother's Maiden Name,* Martha Maddox
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joshua Stark
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Gross

Address, 129. York St

Remarks,

for each offense to be recovered as other fines and forfeit

...o., City Printers and Stationers.

RETURN OF A BIRTH 95083.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 30 1887

4. Place of Birth (Street and Number), 419. Druid Hill Av

5. Full Name of Mother, Susan Mary Elizabeth Staley

6. Mother's Maiden Name, " " " Byers

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, Isaac William Staley

9. Father's Occupation, Miller

10. Father's Birthplace, Adams Co Pa

Name of Medical Attendant, or other person who makes this Return. J. C. Hummer

Address, 212 Franklin St

Remarks,

HEALTH, JUL 8 1887, BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 950 84.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* June 30 1887
4. *Place of Birth (Street and Number),* 212 St Paul St ext (2012)
5. *Full Name of Mother,* Alice J ~~Johns~~ Strickler
6. *Mother's Maiden Name,* " " Johnson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wilgus E Strickler
9. *Father's Occupation,* R R Clerk
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. G Lane Tanaghill

Address, 922 Madison ave.

Remarks,

JUL 13 1887 BALTIMORE MD.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95085.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna May Duvall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 30 1887

4. Place of Birth (Street and Number), 1046 N. Broadway

5. Full Name of Mother, Laura M. Duvall

6. Mother's Maiden Name, Laura M. Kauffman

7. Mother's Birthplace, Frederick Md

8. Full Name of Father, Louis M. Duvall

9. Father's Occupation, Cashier Record Office, Superior Court

Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. O. S. Mahon M.D.

Address, 316 N. Exeter St.

Remarks, GIVEN NAME ADDED. 3-6-53

L M.

JUL 13 1887 BALTIMORE MD

who shall hereafter fail to comply with this provision ... and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable ... subjected to the fine of ten (10) dollars

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95086.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 11th

Sex, (*state whether male or female*) Female -

2. *Race or Color*, (*if not of the white race*) Wht -

3. *Date of Birth* June 30th 1887

4. *Place of Birth*, (*Street and Number*) 370 S Eutaw

5. *Full Name of Mother*, Marian Owens Heinz

6. *Mother's Maiden Name*, "

7. *Mother's Birthplace*, Baltimore City

8. *Full Name of Father*, George Heinz

9. *Father's Occupation*, Glass Blower.

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill M.D.

Address, 807 Arlington -

Remarks,

for each offence to be recovered as other debts and forfeitures are recoverable.

BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 95087.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 30th 1.30 a m 1887
4. Place of Birth, (Street and Number) 1315 John St
5. Full Name of Mother, Adela Snowden
6. Mother's Maiden Name, Adela Vail
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilton Snowden
9. Father's Occupation, Counsellor at Law
10. Father's Birthplace, Anapolis M D

Name of Medical Attendant, or other Person who makes this Return.

Address, A H Saxton M D

Remarks, 1136 Lexington St

HEALTH DEPARTMENT, JUL 1 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines [illegible] are recov[illegible]

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95088.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 1st 1887

4. Place of Birth (Street and Number), 34 Hanover st

5. Full Name of Mother, Lida Sheddon

6. Mother's Maiden Name, " Auld

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas J Sheddon

9. Father's Occupation, Merchant

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. W. W. Webster M.D.

Address, 106 Barnes

Remarks,

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 95089.

Sex, (state whether ~~male~~ or female)

Race or Color, (if not of the white race) White

Date of Birth, June 1st '87

Place of Birth, (Street and Number) 352 N Stricker

Full Name of Mother, Ella Godfrey

Mother's Maiden Name, Ella Curril

Mother's Birthplace, Baltimore, Md.

Full Name of Father, D. A. Godfrey

Father's Occupation, Salesman

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 1019 Linden Av

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as penalties and penalties are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT JUN 6 1887

INTERS AND STATIONERS.

RETURN OF A BIRTH. 95090.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

3. *Date of Birth* June 1st 1895

4. *House of Birth, (Street and Number)* Calvert st

5. *Full Name of Mother,* Christiana Waters

6. *Mother's Maiden Name,* Mayradier

7. *Mother's Birthplace,* Balto Co Md

8. *Full Name of Father,* Wm H Waters

9. *Father's Occupation,* Mariner

10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 1112 Franklin

Remarks,

for each offence to be recovered as other fines

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether [redacted]e or female),

2. Race or Color (if not of the white race).

3. Date of Birth, June 1

4. Place of Birth (Street and Number), 816 S. Greene st.

5. Full Name of Mother, Minne Pabst.

6. Mother's Maiden Name, Minne Vahle.

7. Mother's Birthplace, Germany

8. Full Name of Father, Theodor Pabst.

9. Father's Occupation, Boxmaker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH JUL 7 1887 BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June the 1st
4. *Place of Birth (Street and Number),* 806 S. Eutaw St.
5. *Full Name of Mother,* Augusta Fjeldseth
6. *Mother's Maiden Name,* Augusta Boedeker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thorvald Fjeldseth
9. *Father's Occupation,* Pianomaker
10. *Father's Birthplace,* Norway.

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT, BALTIMORE MD. 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95093.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Male.
2. Race or Color (if not of the white race), White.
3. Date of Birth, June 1st 1887
4. Place of Birth (Street and Number), #1015 West Alley
5. Full Name of Mother, C. Emrich
6. Mother's Maiden Name, " Brown
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Louis Emrich
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

JUL 1 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 21 1887, BALTIMORE, MD.

(95094)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2 1887

4. Place of Birth, (Street and Number) Old 293 Hanover St.

5. Full Name of Mother, Mary Travers

6. Mother's Maiden Name, [illegible] Wall

7. Mother's Birthplace, [illegible]

8. Full Name of Father, Clay Travers

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95095.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 2 sd day of June 1887
4. *Place of Birth (Street and Number),* 800 Burgundy Str.
5. *Full Name of Mother,* Mary E. Hammerbacker.
6. *Mother's Maiden Name,* Mary E. Dunnick
7. *Mother's Birthplace,* Hopewell township York Co Penna.
8. *Full Name of Father,* George Hammerbacker.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Seadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.
BALTIMORE, MD.
...ching Co. City Printers and Stationers.

RETURN OF A BIRTH 95096.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, June 2nd 1887

Place of Birth, (Street and Number) 1366 N Fremont St

Full Name of Mother, Maria Decker

Mother's Maiden Name, Owens

Mother's Birthplace, York Pa

Full Name of Father, George Decker

Father's Occupation, None

Father's Birthplace, York Pa

Name of Medical Attendant, or other Person who makes this Return Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks,

HEALTH DEPARTMENT, JUL 1 1886 BALTIMORE MD.

RETURN OF A BIRTH

95097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* wht

3. *Date of Birth,* June 2. 1887

4. *Place of Birth (Street and Number),* 1833 Division St

5. *Full Name of Mother,* Mary Ellen Meagher

6. *Mother's Maiden Name,* " " Carr

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* George Meagher Jr

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. G Lane Tanneyhill

Address, 922 Madison ave

Remarks,

HEALTH DEPARTMENT JUL 19 1887 BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 2 cd.
4. Place of Birth (Street and Number),	927 Summerset St.
5. Full Name of Mother,	Kate Dahlheimer
6. Mother's Maiden Name,	" Gang
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Dahlheimer
9. Father's Occupation,	House Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 S.E. cor Central av. & Monument St
Remarks.	All Well

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth,* June 2nd 1887

4. *Place of Birth, (Street and Number)* 1499 Park Ave

5. *Full Name of Mother,* Clara Boyd

6. *Mother's Maiden Name,* Clark Schuine

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John D Boyd

9. *Father's Occupation,* Bank Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. R. Williamson

Address, 319 W. Monument

Remarks,

for each offence to be recovered as other fines, and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male ~~or female),~~

2. Race or Color (if not of the white race),

3. Date of Birth, June 2/87

4. Place of Birth (Street and Number), No. 5. West Clement St

5. Full Name of Mother, Anna Elizbeth Falk

6. Mother's Maiden Name, Anna Elizebeth Reinhardt

7. Mother's Birthplace, Baltimore M D

8. Full Name of Father, Thomas Paul Falk

9. Father's Occupation, Cooper

10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other person who makes this Return. Katie Spunch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT JUL 2 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Bishing Co. City Printers and Stationers.

RETURN OF A BIRTH 95101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th.

1. *Sex (state whether male or female),* Male Martin Louis Schmidt
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 3rd 1887
4. *Place of Birth (Street and Number),* ~~927~~ Spring ~~Springset~~ St.
5. *Full Name of Mother,* Caroline Schmidt
6. *Mother's Maiden Name,* Caroline Englehard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schmidt
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 647 S.E. cor Centrel av. & Monument St.

Remarks, All Well

Full name added from an application for a transcript. Filed by Reg. No.
F. E. Wehn - Reg. - October 9 - 1933.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 2d 1887
4. Place of Birth (Street and Number),	Free Lying-in Hosp'l of Md
5. Full Name of Mother,	Marguerite V. Getz
6. Mother's Maiden Name,	Miller
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Joseph Getz
9. Father's Occupation,	Laborer
Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Dr. Neale
Address,	Free Lying-in Hosp'l of Md
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

Sex (state whether male or female), female

Race or Color (if not of the white race), White

Date of Birth, 3 of Juny

Place of Birth (Street and Number), 24 Bennet St

Full Name of Mother, Bunny Petzwall

6. Mother's Maiden Name, — Wachter

7. Mother's Birthplace, Bresik (Bavaria)

8. Full Name of Father, August Petzwall

9. Father's Occupation, Laboln

Father's Birthplace, Westpreussen (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks, Canton

BALTIMORE CO. 1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95104.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Saturday June 4th 1887

4. *Place of Birth, (Street and Number)* Cor of Division & Dolphin St.

5. *Full Name of Mother,* Amelia C. Loyd

6. *Mother's Maiden Name,* Amelia Cennadi

7. *Mother's Birthplace,* Phila.

8. *Full Name of Father,* Chas Loyd

9. *Father's Occupation,* Grocer,

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Fremont Place

Remarks,

If persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (12) Twin

1. *Sex, (state whether male or ~~female~~)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 4th 1887.
4. *Place of Birth, (Street and Number)* 115 N. Longwood St.
5. *Full Name of Mother,* Ella Johnson
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address, 113 N. Longwood Street

Remarks, City.

Reports thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles F. Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth.

Sex (state whether male or female), male.

2. *Race or Color (if not of the white race),* white.

3. *Date of Birth,* 4th June 1887.

4. *Place of Birth (Street and Number),* 718 Burgundy street.

5. *Full Name of Mother,* Meyer

6. *Mother's Maiden Name,* Bertha Schulze.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Friedrich Meyer.

9. *Father's Occupation,* Carpenter.

Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Barge

Address, 711 Cross St

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 4th of June

4. Place of Birth (Street and Number), Baltimore M. D. No 1105 Reedgley

5. Full Name of Mother, Susia L. Bradley

6. Mother's Maiden Name, Susia L. Manning

7. Mother's Birthplace, St. Louis

8. Full Name of Father, William F. Bradley

9. Father's Occupation, Policeman

Father's Birthplace, Wycomco County M. D.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Cross St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex (state whether male or female),* Girl.
2. *Race or Color (if not of the white race),* whit Child.
3. *Date of Birth,* 4. June.
4. *Place of Birth (Street and Number),* Boston street N. 3016.
5. *Full Name of Mother,* Eva Drescher.
6. *Mother's Maiden Name,* Eva Thies.
7. *Mother's Birthplace,* Germaine.
8. *Full Name of Father,* George Drescher.
9. *Father's Occupation,* Fermiss Mann.
10. *Father's Birthplace,* Germaine.

Name of Medical Attendant, or other person who makes this Return. Paulina Siersmann.

Address, Haris street 1225.

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

Who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 4th 1887

4. Place of Birth (Street and Number), 405 Ann street

5. Full Name of Mother, Barbie Guckart

6. Mother's Maiden Name, " " Brutzman.

7. Mother's Birthplace, City

8. Full Name of Father, Curt Guckart

9. Father's Occupation, Wood Dealer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Ritz

Address, 1744 Rank st

Remarks,

HEALTH DEPARTMENT, JUL 2 1887 BALTIMORE MD.

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

Race or Color (if not of the white race),

3. Date of Birth, June 4th 1887

4. Place of Birth (Street and Number), 2029 Eastern avenue

5. Full Name of Mother, Leanie Lewis

6. Mother's Maiden Name, " " Mulda.

7. Mother's Birthplace, Germany

8. Full Name of Father, John Lewis

9. Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT, JUL 2 1888 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	June 4th 1887
4. Place of Birth (Street and Number),	No 1722 W Lombard St.
5. Full Name of Mother,	Mary Rosendale
6. Mother's Maiden Name,	" Geiger
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Rosendale
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Tinker
Address,	No 106 S. Monroe St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 4 ten Juny 1887
4. *Place of Birth (Street and Number),* 27 Dover Str
5. *Full Name of Mother,* Fichne Kludzykowski
6. *Mother's Maiden Name,* Kryger
7. *Mother's Birthplace,* Deutschland
8. *Full Name of Father,* Leopold Kludzykowski
9. *Father's Occupation,* Tahler
10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other person who makes this Return. Katie Spruch

Address, 800 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

JUL 2 1887 BALTIMORE CO.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 5 of Jany

4. *Place of Birth (Street and Number),* 3001 Lancaster St. (Canton

5. *Full Name of Mother,* Barbara Kiebel.

6. *Mother's Maiden Name,* = Horner

7. *Mother's Birthplace,* Bischofsheim (Bavaria)

8. *Full Name of Father,* Fred. Kiebel

9. *Father's Occupation,* Laborer

Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

95114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Twins.

1. Sex, (state whether male or female) Both male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 7th 1887

4. Place of Birth, (Street and Number) 115 Mountford Ave

5. Full Name of Mother, Morgie Morris

6. Mother's Maiden Name, D[illegible]

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation, —

Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. F. L. Kelly M.D.

Address, 113 & 115 W. Lombard St

Remarks, City

HEALTH DEPARTMENT, JUL 5 1887, BALTIMORE, MD.

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95115.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 5 June
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,* Sala Hesto [illegible]
6. *Mother's Maiden Name,* Sala Hesto Marina
7. *Mother's Birthplace,* Oawyaina
8. *Full Name of Father,* Rob Richardson
9. *Father's Occupation,* Drag Drewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

HEALTH DEPARTMENT BALTIMORE, MD. JUL 2 1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 5th 1887
4. Place of Birth (Street and Number), #715 N. Eden St
5. Full Name of Mother, Lizzie Muhly
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Herman Muhly
9. Father's Occupation, Baker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recovered.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH. 95117.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* June 6 1887

4. *Place of Birth, (Street and Number)* Bel Air Avenue

Full Name of Mother, Lilly Lutz

Mother's Maiden Name, Lilly Wagner

Mother's Birthplace, Balto Co Md

Full Name of Father, Henry Lutz

9. *Father's Occupation,* Butcher

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J H Latham M D

Address, 602 Franklin

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, June 6
4. Place of Birth (Street and Number), No 2. E. Hill st.
5. Full Name of Mother, Mary Mc Kew
6. Mother's Maiden Name, Mary Lavender
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Mc Kew
9. Father's Occupation, Police Officer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mithweif

Address, Wilhelmine Benisch

Remarks, No. 421. Barre st.

HEALTH DEPARTMENT BALTIMORE MD. JUL 2 1897

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 6" 1877

4. Place of Birth (Street and Number), 327 Scott st

5. Full Name of Mother, Mrs. Elizabeth Donnelly

6. Mother's Maiden Name, Elizabeth Neimaier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Wm Donnelly

9. Father's Occupation, Tinner

Father's Birthplace, Washington. D.C

Name of Medical Attendant, or other person who makes this Return. C Seebach

Address, 735 W Pratt street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 1 1877 BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th
4. *Place of Birth, (Street and Number)* 677 Columbia Ave
5. *Full Name of Mother,* Louisa Fadum
6. *Mother's Maiden Name,* " Albrecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Fadum
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. S. Buddenbohn

Address, 418 S. Paca St.

Remarks,

, City Printers and Stationers.

RETURN OF A BIRTH 95121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 7 June 1887

4. Place of Birth (Street and Number), 403 Albemarle St

5. Full Name of Mother, Mrs Emma Burke

6. Mother's Maiden Name, Emma Barrett

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, Mehlen G. Burke

9. Father's Occupation, Painter

10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard MD.

Address,

Remarks, Breech Presentation.

BALTIMORE MD. JUL 7 1887

the Commissioner of Health, in the manner and with the above reference and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 95122.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th June 1887

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, 7th June 1887

4. Place of Birth (Street and Number), 215 Cross

5. Full Name of Mother, Margaret Russell

6. Mother's Maiden Name, " Mullen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W Russell

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. H. W. Webster

Address, 106 Barrow

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 95123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered, &c. 1887

BALTIMORE JUL 9

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 7 of June

4. Place of Eirth (Street and Number), 445 Chaptain St

5. Full Name of Mother, Babara Ritter

6. Mother's Maiden Name, Steiner

7. Mother's Birthplace, Batte

8. Full Name of Father, Wilhelm Ritter

9. Father's Occupation, Carpenter.

Father's Birthplace, Batte

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 25 24 Lancaster.

Remarks, Canton

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 0 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1887

4. Place of Birth, (Street and Number) 123 Mosher St

5. Full Name of Mother, Grace Carrington

6. Mother's Maiden Name, Grace McLillon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eugene Carrington

9. Father's Occupation, Merchant

Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return. E. W. Mittenberger

Address, 319 W. Monument St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Max Margolis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Max

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 7th 1887
4. Place of Birth (Street and Number), Harrison St 63
5. Full Name of Mother, Etta (Margules) Margolis
6. Mother's Maiden Name, Etta Jankulewitz
7. Mother's Birthplace, Russia Margolis
8. Full Name of Father, Salamon (Margules)
9. Father's Occupation, Pedler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle St. N 103.

Remarks,

...ishing Co., City Printers and Stationers

...ons of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether male or female),* male Mikel
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 7th 1887
4. *Place of Birth (Street and Number),* Little McKeldry st
5. *Full Name of Mother,* Becka Goldstein
6. *Mother's Maiden Name,* Becka Frenkel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abrahm Goldstein
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albenarle st N 103.

Remarks,

BEARER DEPARTMENT 1887 BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9"
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 7" 1887
4. *Place of Birth, (Street and Number)*	1236 Washington ave
5. *Full Name of Mother,*	Mary Duchesne
6. *Mother's Maiden Name,*	Mary McDonald
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Jos Duchesne
9. *Father's Occupation,*	Carpenter
Father's Birthplace,	Canada
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham MD
Address,	725 Columbia ave
Remarks,	

BIRTH DEPARTMENT, JUL 27 1887 BALTIMORE MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 8th 1881

4. Place of Birth (Street and Number), 401 Bank st

5. Full Name of Mother, Mary Dechrate.

6. Mother's Maiden Name, Bultz.

7. Mother's Birthplace, Italy

8. Full Name of Father, Trance Dechrate

9. Father's Occupation, Doctor

10. Father's Birthplace, France

Name of Medical Attendant, or other person who makes this Return. Lizzy Bultz

Address, 1744 Bank st.

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* June 8th 1897

4. *Place of Birth (Street and Number),* 510 Lethbridge st

5. *Full Name of Mother,* Wilhelmina Walter

6. *Mother's Maiden Name,* " " " Risch

7. *Mother's Birthplace,* Cuba

8. *Full Name of Father,* John Walter

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz

Address, 1104 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* June 8th 1887

4. *Place of Birth (Street and Number),* 1720 Balto. st.

5. *Full Name of Mother,* Catherine Roechner

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Hermann Roechner

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

for each offence, to be recovered as other

JUL 2 1887 BALTIMORE

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	female.
2. Race or Color (if not of the white race),	white.
3. Date of Birth,	8th June
4. Place of Birth (Street and Number),	143 Washington Ave.
5. Full Name of Mother,	Anna Rotschitz,
6. Mother's Maiden Name,	" Kuniger.
7. Mother's Birthplace,	Radomno Germany.
8. Full Name of Father,	August Rotschitz.
9. Father's Occupation	Butcher
10. Father's Birthplace,	Saumark. Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs. B. Bozieu
Address,	Sharp Ave 927
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, June 8th 1887
4. Place of Birth (Street and Number), 986 Chespeak st
5. Full Name of Mother, Mary Dutyway
6. Mother's Maiden Name, " " Baland
7. Mother's Birthplace, City
8. Full Name of Father, Andrew Dutyway.
9. Father's Occupation, Provision store
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1144 Bank st

Remarks,

HEALTH DEPARTMENT, JUL 2 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 8th 1887
4. Place of Birth, (Street and Number) 1501 Park Ave
5. Full Name of Mother, Helen Kemp
6. Mother's Maiden Name, Helen Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, L. B. Kemp
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Mittenberger

Address, 319 W. Monument

Remarks,

HEALTH DEPARTMENT, JUL 6 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 95134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 8 – 1887

4. Place of Birth (Street and Number), 249 S. Spring St.

5. Full Name of Mother, Jeannetty Kelly

6. Mother's Maiden Name, Duggan

7. Mother's Birthplace, America

8. Full Name of Father, James B. Kelly

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt

Remarks,

HEALTH DEPARTMENT JUL 7 1887 BALTIMORE MD

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 95135,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Bertha Katherine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, June 9th, 1887

4. Place of Birth (Street and Number), 612 William St

5. Full Name of Mother, Sarah Miller

6. Mother's Maiden Name, Clarke

7. Mother's Birthplace, City

8. Full Name of Father, John Miller

9. Father's Occupation, Fireman

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. L. C. Bunch M.D.

Address, 511 Hanover St

Remarks, OTHER NAME ADDED. 6-19-1952

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

bling Co., City Printers and Stationers.

RETURN OF A BIRTH 95136.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), male.
2. Race or Color (if not of the white race), white
3. Date of Birth, June 9th 1887
4. Place of Birth (Street and Number), 107 Market Sp.
5. Full Name of Mother, Mary Lynch
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Lynch
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 2 1887 BALTIMORE MD.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 10 June
4. *Place of Birth (Street and Number),* 1121 N. Eutaw St
5. *Full Name of Mother,* Mary Warwick
6. *Mother's Maiden Name,* " Hild
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wm B. Warwick
9. *Father's Occupation,* Notion Store
10. *Father's Birthplace,* Richmond Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulley

Address, 1302 Holland St

Remarks,

BALTIMORE, MD. JUL 16 1888 HEALTH DEPARTMENT

for each offence, to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers

RETURN OF A BIRTH 95138.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 11
4. Place of Birth (Street and Number),	858½ W. Lombard St
5. Full Name of Mother,	Johana Freed
6. Mother's Maiden Name,	" Stein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Meier Freed
9. Father's Occupation,	Salesman
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J C Kunck MD
Address,	511 Hanover St
Remarks,	

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE, MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (~~state whether~~ male ~~or female~~),* M

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 11th June 1887

4. *Place of Birth (Street and Number),* 502 N Charles

5. *Full Name of Mother,* Ida Denny.

6. *Mother's Maiden Name,* Mitchell

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas T Denny

9. *Father's Occupation,* Upholsterer

10. *Father's Birthplace,* Bull

Name of Medical Attendant, or other person who makes this Return. H W Webster

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 95140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 5 1895
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 11 June

4. *Place of Birth, (Street and Number)* 1029 Lemmerset Street

5. *Full Name of Mother,* Mary Grattolf

6. *Mother's Maiden Name,* Mary Gunner

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* John Grattolf

9. *Father's Occupation,* death.

Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Anna Walter

Address, 1249 E. Eager Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	June 11th. 1887
4. *Place of Birth (Street and Number),*	513 Mc Elderry St.
5. *Full Name of Mother,*	Annie Smith
6. *Mother's Maiden Name,*	Annie Meyer
7. *Mother's Birthplace,*	Pensilvania
8. *Full Name of Father,*	Henry Smith.
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	647 S.E. cor Central av. & Monument St.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95142.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 Jenny

4. *Place of Birth (Street and Number),* 526 Canton Ave

5. *Full Name of Mother,* Wilhelmine Siebrüder

6. *Mother's Maiden Name,* = Hilker

7. *Mother's Birthplace,* Lohne Oldenburg (Germ)

8. *Full Name of Father,* John Siebrüder

9. *Father's Occupation,* Laborer

Father's Birthplace, Blankenfeld (Bavaria)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss.

Address, 2524 Lanvaster St.

Remarks,

Who shall herewith fail to comply with the the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95143.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, June 11th 1887

4. Place of Birth (Street and Number), Free Lying in Hosp.l of M. of M.

5. Full Name of Mother, Mary Evans

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benj.n Squirrel

9. Father's Occupation, Servant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Neal E

Address, Free Lying-in Hosp.l of M. of M

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95144.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 1887

4. Place of Birth, (Street and Number) 207 W. Lanvale St

5. Full Name of Mother, Nannie Clarke

6. Mother's Maiden Name, Nannie Dunnington

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Addison Clarke

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mittenberger

Address, 319 W. Monument St

Remarks,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE CITY

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

Over

RETURN OF A BIRTH

95145.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 12th.
4. Place of Birth, (Street and Number) No. 1239 W. Cross St.
5. Full Name of Mother, Henrietta Schultz
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Walter Schultz
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto, City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N.E. Cor Columbia & Fremont Aves.

Remarks, Ferdinand George Schultz

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sunday June 12th, 1887

4. *Place of Birth, (Street and Number)* 1318 West St.

5. *Full Name of Mother,* Sallie L. Walters

6. *Mother's Maiden Name,* Sallie Lewis

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Albert Walters

9. *Father's Occupation,* Cigar Maker

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brenton M.D.

Address, Chas St. & Fremont Place.

Remarks,

If persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 10-13-36

RETURN OF A BIRTH

95147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Board Hartlove

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth 12th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 1887

4. Place of Birth, (Street and Number) Eastern ave, Near Canon st

5. Full Name of Mother, Bennetta Hartlove

6. Mother's Maiden Name, Bennetta Ruley

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William H Hartlove

9. Father's Occupation, Brick Moulder

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Rachel A. Tyler

Address, Family Mrs Evans

Remarks, 710 Burke st

BALTIMORE CITY HEALTH DEPARTMENT

for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 95148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* June 13 1887

4. *Place of Birth (Street and Number),* 1841 Hartford Av.

5. *Full Name of Mother,* Ida Bertha Brandt

6. *Mother's Maiden Name,* Feist

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ernst Brandt

9. *Father's Occupation,* Cement worker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

for each offence, to be recovered as other fines and f

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), Male

Race or Color (if not of the white race),

Date of Birth, June 4th. 1887

Place of Birth (Street and Number), 2100 E. Balt. St.

Full Name of Mother, Mary Elizabeth Yingling Kirk

Mother's Maiden Name, Mary Elizabeth Yingling

Mother's Birthplace, Balt. Md.

Full Name of Father, George Glanville Kirk

Father's Occupation, Physician

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. Glanville Kirk Jr. M.D.

Address, 2100 E. Balt. St.

Remarks, Natural delivery

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colord

3. Date of Birth, June 14th

4. Place of Birth (Street and Number), Carroll Pt 209

5. Full Name of Mother, Sarah Hawkins

6. Mother's Maiden Name, Sarah Jones

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Geo Hawkins

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 10049 S. Howard St

Remarks,

HEALTH DEPARTMENT, JUL 7 1887 BALTIMORE, MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
JUL 7 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 4th
4. Place of Birth, (Street and Number)	859 Columbia Ave
5. Full Name of Mother,	Emma Von Heine
6. Mother's Maiden Name,	" Eigenbrodt
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Henry Von Heine
9. Father's Occupation,	Coal dealer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. L. Buddenbohn
Address,	418 S. Paca St
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH 95152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 7 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	June 14th
4. Place of Birth, (Street and Number)	2244 McElderry st
5. Full Name of Mother,	Teresia Leithenser
6. Mother's Maiden Name,	Huber
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Georg Leithenser
9. Father's Occupation,	Baker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH 95153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	June 17th 1897
4. *Place of Birth (Street and Number),*	1140 N Oliver St.
5. *Full Name of Mother,*	Mary E Boone
6. *Mother's Maiden Name,*	Mantz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	J H D Boone Jr.
9. *Father's Occupation,*	Printer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S M Seldner M D
Address,	SE Cor Caroline & Eager Sts.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 4-9-57

RETURN OF A BIRTH

95184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Clem Barling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18-1871.

4. Place of Birth, (Street and Number) 202 Randall St.

5. Full Name of Mother, Lillie Barling

6. Mother's Maiden Name, Bishop

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Edward G. Barling

9. Father's Occupation, Fireman on Rail-R.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John H. White, M.D.

Address, 1039 N. Broadway.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 95155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Mother
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 15th 1887
4. Place of Birth (Street and Number),	1105 S Broadway
5. Full Name of Mother,	Rebecca Waldorf
6. Mother's Maiden Name,	Haas
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	Henry Waldorf
9. Father's Occupation,	Clothier
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	S H Seldner M D
Address,	S E Cor Caroline & Eager Sts
Remarks,	8/2/36. 9a.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex (state whether male ~~or female~~),

2. Race or Color (if not of the white race), White

3. Date of Birth, June 22nd 1887.

4. Place of Birth (Street and Number), N. Wolfe St No 824

5. Full Name of Mother, Lizzie Schaub

6. Mother's Maiden Name, Lizzie Straus

7. Mother's Birthplace, Haword County. M.D.

8. Full Name of Father, Jakob Schab.

9. Father's Occupation, Cabinet maker

Father's Birthplace, Hessen Cassel, Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St. No 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BEAUTY, JUL 10 1887 BALTIMORE MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	June 23rd 1887.
4. Place of Birth (Street and Number),	2043 Kepler St
5. Full Name of Mother,	Martha M. Elinson
6. Mother's Maiden Name,	Jenkins
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John A. Elinson
9. Father's Occupation,	Brick maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D.
Address,	S E Cor. Caroline & Eager Sts
Remarks,	

who shall hereafter fail to comply with the provisions of this section SHALL be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95158.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex (state whether ~~male or~~ female),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 24th 1887

4. *Place of Birth (Street and Number),* N. Dallas St No 105

5. *Full Name of Mother,* Lizzie Kemp

6. *Mother's Maiden Name,* Lizzie Kemp

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Anton Kemp

9. *Father's Occupation,* ice driver

Father's Birthplace, Wittemberg Germany

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Hubbing Co., City Printers and Stationers.

RETURN OF A BIRTH 95159.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

Sex (state whether ~~male or~~ female),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* June 25th 1887.

4. *Place of Birth (Street and Number),* S. Dallas St. No 1016

5. *Full Name of Mother,* Mathilda Glenz

6. *Mother's Maiden Name,* Mathilda Schulz

7. *Mother's Birthplace,* Reading. Pa.

8. *Full Name of Father,* William Glenz

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No, 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

GIVEN NAME ADDED 1-30-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Gertrude Jones

95160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

BOARD OF HEALTH DEPARTMENT, JUL 27 1897 BALTIMORE, MD.

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95161.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, June 28th 1887 (old)

Place of Birth, (Street and Number) 129 N Fulton St

Full Name of Mother, Diana Albers

Mother's Maiden Name, D. Lupus

Mother's Birthplace, Baltimore

Full Name of Father, Anton Albers

9. Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. H. Heldmann M.D.

Address, 254 Pearl St Baltimore

Remarks,

BALTH DEPARTMENT, JUN 22 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

Missing # 95162

RETURN OF A BIRTH 95763.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 of
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	may 6th 1897
4. Place of Birth (Street and Number),	1433 Bolton Alley
5. Full Name of Mother,	Annie Parsons
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Gloucester Co. Va
8. Full Name of Father,	James Parsons
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Carolina Co Va
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	434 W monument st
Remarks,	

BIRTH DEPARTMENT BOARD OF HEALTH BALTIMORE CITY

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	may 7th 1897
4. Place of Birth (Street and Number),	813 mc Collough alley
5. Full Name of Mother,	Sarah Lizzy Johnson
6. Mother's Maiden Name,	Sarah Lizzy Hollens
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	George Johnson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Flexner Valence
Address,	434 W. monument. st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, 10th May
4. Place of Birth (Street and Number), 625 Mulberry St
5. Full Name of Mother, Turner
6. Mother's Maiden Name, Verbrun Selena
7. Mother's Birthplace, Maryland Montgomery Co
8. Full Name of Father, William Turner
9. Father's Occupation, Clerk Bookkeeper
10. Father's Birthplace, Maryland
11. Name of Medical Attendant, or other person who makes this Return. M D Cum Med
12. Address, 412 W Fayette St
13. Remarks,

HEALTH DEPARTMENT, JUL 1 1888 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~May~~ 4th.

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, May 14th

Place of Birth, (Street and Number) Cor. Courtland & Mulberry

Full Name of Mother, Elizabeth Gewecke

Mother's Maiden Name, " " " Kerner

Mother's Birthplace, Baltimore

Full Name of Father, Geo. Gewecke

Father's Occupation, Baker

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Dr. W. Gombel

Address, 610 S. Sharp St

Remarks,

HEALTH DEPARTMENT, JUL 12 1888 BALTIMORE, MD

...RS AND STATIONERS

RETURN OF A BIRTH 95167.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* May 14th 1887
4. *Place of Birth (Street and Number),* N 7 S Hilton Av
5. *Full Name of Mother,* Rawlison
6. *Mother's Maiden Name,* Albert
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Rawlison
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible] Mrs

Address, 412 W Fayette St

Remarks,

JUL 1887 BALTIMORE MD

for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* May 15th 1897

4. *Place of Birth (Street and Number),* 1434 Forrest St

5. *Full Name of Mother,* E. Campeggi

6. *Mother's Maiden Name,* Otis

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Frank Campeggi

9. *Father's Occupation,* Fruit Dealer

Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Dora Hillegeist

Address, 1182 E. Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are by law recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH (9536.)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child (95169)
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	16th day of May.
4. Place of Birth (Street and Number),	No. 34 S. Durburrow Alley.
5. Full Name of Mother,	Annie C. Crocken.
6. Mother's Maiden Name,	Annie C. Snoops.
7. Mother's Birthplace,	Baltimore City. Md.
8. Full Name of Father,	Daniel Crocken.
9. Father's Occupation,	Fish Dealer
Father's Birthplace,	Frederick City Md.
Name of Medical Attendant. or other person who makes this Return.	Mrs Dunter
Address,	217 N Schroeder St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

dlishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95170.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 17th 1887

Place of Birth, (Street and Number) 815 Enon St

Full Name of Mother, Annie Smith

Mother's Maiden Name, " " Schmidt

Mother's Birthplace, Balto

Full Name of Father, Chas. Smith

Father's Occupation, Grocer

Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return — Dr. H. Gombel

Address, 610 S. Sharp St.

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 95171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 21st 1887
4. *Place of Birth (Street and Number),* #119 Disquith St.
5. *Full Name of Mother,* Francis Rassa
6. *Mother's Maiden Name,* Russ
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Joseph Rassa
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 Ea. Monument St

Remarks, 1038 (New Number)

BALTIMORE, MD. JUL 1 1887

the Commissioner of Health, in the manner [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]blishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* May 2 1852

4. *Place of Birth, (Street and Number)* 161 Paca st

5. *Full Name of Mother,* Mary Smith

6. *Mother's Maiden Name,* Mary Head

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Clement Smith

9. *Father's Occupation,* artist

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 162 Franklin

Remarks,

HEALTH DEPARTMENT BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	May 24th 87
4. Place of Birth (Street and Number),	No 1000 Argyle ave
5. Full Name of Mother,	Annie F Trinkaus
6. Mother's Maiden Name,	Annie F Damer
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry J. Trinkaus
9. Father's Occupation,	House Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Dumler
Address,	417 Schroeder St.
Remarks,	"

who shall hereafter fail to comply with [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

JUN 27 1887 BALTIMORE

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 5/5/16

95174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clementine Cordelia	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 25, 1887
4. Place of Birth (Street and Number),	1717 Linden Ave. Bromwell
5. Full Name of Mother,	Taylor
6. Mother's Maiden Name,	Balt.
7. Mother's Birthplace,	Theodore Bromwell
8. Full Name of Father,	Merchant
9. Father's Occupation,	Balt.
Father's Birthplace,	A. Mitchell
Name of Medical Attendant, or other person who makes this Return.	1008 Mad Ave
Address,	
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 29th 1887
4. *Place of Birth (Street and Number),* #1801 E. Baltimore St
5. *Full Name of Mother,* Elizabeth Matthai
6. *Mother's Maiden Name,* " Spielman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* G. Matthai
9. *Father's Occupation,* Shoe Store
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillquist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

JUL 1 1887 BALTIMORE MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	
3. Date of Birth,	May 31
4. Place of Birth (Street and Number),	Pressitman 5t.
5. Full Name of Mother,	Ella Rodgers
6. Mother's Maiden Name,	Maginder
7. Mother's Birthplace,	Washington
8. Full Name of Father,	John F Rodgers
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	H McNilson
Address,	1008 Mad Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

95177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd and 3rd

Sex (state whether male or female), Twins, Male and Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* May 31 1887

4. *Place of Birth (Street and Number),* 511 S. Howard

5. *Full Name of Mother,* Katie O Neill

6. *Mother's Maiden Name,* Dwyer

7. *Mother's Birthplace,* Canada

8. *Full Name of Father,* Andrew O'Neill

9. *Father's Occupation,* Clerk

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. H. H. Webster M.D.

Address, 106 Barre

Remarks,

JUL 5 1887

HEALTH DEPARTMENT BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, July 1st 1887

4. Place of Birth, (Street and Number) 418 South Charles St.

5. Full Name of Mother, Elizabeth Jane Hall

6. Mother's Maiden Name, Elizabeth Jane Martin

Mother's Birthplace, Rockville Montgomery Co. Md

Name of Father, Thomas S. Hall.

Father's Occupation, Preacher

Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Milly Gross

Address, 229 York St.

Remarks,

of persons who shall here for each offense to be rec

Co., City Printers

RETURN OF A BIRTH 95179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	July 1st
4. *Place of Birth, (Street and Number)*	202 hill sts
5. *Full Name of Mother,*	Mary Brown
6. *Mother's Maiden Name,*	Mary Harrod.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isas Brown.
9. *Father's Occupation,*	Brawman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mealis Gross.
Address,	129 York. st.
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a penalty of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Black.

Date of Birth, July 1st

Place of Birth, (Street and Number) #1210 Shields Aly

Full Name of Mother, Ema Gibson

Mother's Maiden Name, " Jemerson

Mother's Birthplace, Charles Co Md.

Full Name of Father, Walter Gibson

Father's Occupation, Waiter

Father's Birthplace, Easton Md.

Name of Medical Attendant, or other Person who makes this Return John G. Huck. MD

Address, Argyle Ave & Townsend St

Remarks,

BALTIMORE CITY, JUL 7 1897 BALTIMORE MD

NTERS AND STATIONERS

RETURN OF A BIRTH 95181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July the 1
4. Place of Birth, (Street and Number) 5 york Street
5. Full Name of Mother, Mary Steward
6. Mother's Maiden Name, May Webster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fedrick Steward
9. Father's Occupation, labour
10. Father's Birthplace, Cambridg Md

Name of Medical Attendant, or other Person who makes this Return. Julia Dixon

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and form of the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers

RETURN OF A BIRTH

95182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1887

4. Place of Birth, (Street and Number) 561 W. Prestman St

5. Full Name of Mother, Rose, Chapman

6. Mother's Maiden Name, Rose Evans

7. Mother's Birthplace, Fred, Brunswick Md

8. Full Name of Father, Geo. W Chapman

9. Father's Occupation, Amplitical Chemist

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. H B Noble M.D

Address, 301 Warren Av

Remarks,

HEALTH DEPARTMENT JUL 11 1887 BALTIMORE MD

...or persons who shall neglect, fail to comply with the provisions of this Return, shall be liable to a fine of ... for each offence to be recovered as other fines and forfeitures.

...City Printers and Stationers.

RETURN OF A BIRTH 95183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

Date of Birth, July 1 1887 - 8 o'clock

Place of Birth, (Street and Number) 914 Duncan Aley

Full Name of Mother, Georgei Pearson

Mother's Maiden Name, Georgei Pearson

Mother's Birthplace, Baltimore Md

Full Name of Father, Allice Perce

Father's Occupation, labour

Father's Birthplace, hertford county

Name of Medical Attendant, or other Person who makes this Return Elen Carson

Address, 1026 North Choppel St city

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 95189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6tes
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	1 of July 1887.
4. Place of Birth (Street and Number),	105. N. Castle Street
5. Full Name of Mother,	Mary Neary
6. Mother's Maiden Name,	Mary Olonor
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Neary
9. Father's Occupation	Trywer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill Midwif
Address,	207. N. Castle Street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT, JUL 9 1887 BALTIMORE

RETURN OF A BIRTH 95185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	Colord
3. *Date of Birth,*	July 1st
4. *Place of Birth (Street and Number),*	2. Hoffman pl
5. *Full Name of Mother,*	Sarah Wilson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Harford Co Md
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation,*	Lumberman
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1049 Howard St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95186.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 1st July 1887

4. *Place of Birth (Street and Number),* 54 Harrison st.

5. *Full Name of Mother,* Annie Jacobs

6. *Mother's Maiden Name,* Levin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Abram Jacobs

9. *Father's Occupation,* Merchant

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

JUL 7 1887 BALTIMORE, MD.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex (state whether ~~male or~~ female),

Race or Color (if not of the white race), White

Date of Birth, July 1st 1887.

Place of Birth (Street and Number), N Frederick St No 3

Full Name of Mother, Katie Hamman

Mother's Maiden Name, Katie Bocksler

Mother's Birthplace, Baltimore City

Full Name of Father, George Hamman

Father's Occupation, Box maker

Father's Birthplace, Friesdringen. Russia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT

...ions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (state whether ~~male or~~ female),

2. *Race or Color (if not of the white race),* White.

3. *Date of Birth,* July 1st 1887.

4. *Place of Birth (Street and Number),* Albemarle St. No. 505

5. *Full Name of Mother,* Louisa Williams

6. *Mother's Maiden Name,* Louisa White

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles Williams

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address; N. Dallas St No. 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Bushing Co., City Printers and Stationers.

RETURN OF A BIRTH 95189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1 1887

4. Place of Birth, (Street and Number) 125 Greenmt Ave

5. Full Name of Mother, Agnes P. Barranger

6. Mother's Maiden Name, " Kaupp

7. Mother's Birthplace, Maryland

8. Full Name of Father, Jno. Barranger

9. Father's Occupation, Livery Business

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson Mt.

Address, 125 Greenmt Ave

Remarks,

BRIGHTON DEPARTMENT, JUL 2 1887 BALTIMORE, MD.

GIVEN NAME ADDED 7-18-52

RETURN OF A BIRTH

95190.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carolyn Eleanor Lamp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1887
4. Place of Birth, (Street and Number) 1800 Druid Hill ave
5. Full Name of Mother, Laura E. Lamp
6. Mother's Maiden Name, " " Bishop
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John George Lamp
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Jas. E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

BALTIMORE HEALTH DEPARTMENT JUL 26 1887 REGISTRAR'S OFFICE

Report its birth to the Commissioner of Health, in the manner prescribed by the rules of the Board of Health. The Commissioner of Health, in the manner prescribed by the rules of the Board of Health, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers

RETURN OF A BIRTH.

95191.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MD
JUL 6 1897

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	
2. *Sex (state whether Male or Female)*	Female
3. *Race or Color (if not of the white race)*	White
4. *Date of Birth*	July 1st
5. *Place of Birth (Street and Number)*	121 S Gilmore
6. *Full Name of Mother*	Mary Jonahans
Mother's Maiden Name	Mary Illick
7. *Mother's Birthplace*	Balt Md
8. *Full Name of Father*	J J Jonahans
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Kolb & Kuhn
Address	5540 Fayette St
Remarks	

RETURN OF A BIRTH 95192.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* first of July
4. *Place of Birth, (Street and Number)* Baltimore 923 Yorrest st
5. *Full Name of Mother,* Mary E. Mullens
6. *Mother's Maiden Name,* Mary E Reynols
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bearnard I, Mullen
9. *F[illegible]'s Occupation,* Brass Worker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return L Wooden

Address, 936 Greenmount Av

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 95193.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 1st 1887
4. *Place of Birth, (Street and Number)* 317 S. Calhoun St
5. *Full Name of Mother* Rebecca Kelly
6. *Mother's Maiden Name* Rebecca Gallagher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James M. Kelly
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McKeown

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH 95194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 of July

4. Place of Birth, (Street and Number) 855 Lexington Street

5. Full Name of Mother, Mary B Wunder

6. Mother's Maiden Name, Mary B Gothling Cafe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Wunder

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Ledley

Address. 1004 Lexington St Baltimore

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95195.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, July 2nd 1887

4. Place of Birth (Street and Number), No 903 Illinois Ave

5. Full Name of Mother, Madonia Watts

6. Mother's Maiden Name, " Gant

7. Mother's Birthplace, Nashville Tenn.

8. Full Name of Father, Samuel Watts.

9. Father's Occupation, Waiter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 125 E. Hamilton St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 2d 1887
4. Place of Birth, (Street and Number) No. 527 Patterson Park Ave
5. Full Name of Mother, Irena Hutchins
6. Mother's Maiden Name, " Duncan
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, William Franklin Hutchins
9. Father's Occupation, Rag Dealer
10. Father's Birthplace, Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return, John. U. Pickel M.D.

Address, No. 1312 Chew A.

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 95197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 3rd 1897
4. Place of Birth (Street and Number),	407 W. monument st
5. Full Name of Mother,	Matilda Ferrell
6. Mother's Maiden Name,	matilda West
7. Mother's Birthplace,	Charles Co. md
8. Full Name of Father,	Wm Ferrell
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Charles Co. Md
Name of Medical Attendant, or other person who makes this Return.	Hester Colance
Address,	484 W. monument st
Remarks,	

HEALTH DEPARTMENT, 1897 BALTIMORE MD.

For each offence, to be recovered as other fines and forfeitures are recovered.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 95198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* ~~White~~ Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 2nd 1887
4. *Place of Birth (Street and Number),* 122 S Collington Ave
5. *Full Name of Mother,* Alexine Pritchett
6. *Mother's Maiden Name,* Wingate
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* George M Pritchett
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Dorchester County

Name of Medical Attendant, or other person who makes this Return. Mrs Hannah Sh

Address, 1829 E Pratt St Knowles

Remarks,

HEALTH DEPARTMENT JUL 9 1887 BALTIMORE, MD

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether male or female),	Fem
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 2nd 1887
4. Place of Birth (Street and Number),	988 E Bank st Balto
5. Full Name of Mother,	Virginia Frances Trunk
6. Mother's Maiden Name,	Jarvis
7. Mother's Birthplace,	Matthews Co Virg
8. Full Name of Father,	John Wesley Trunk
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Balto County
Name of Medical Attendant, or other person who makes this Return.	Mrs M Knowles
Address,	1129 E Pratt st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

95.200

GIVEN NAME ADDED 5-9-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Heal Alexander Sibley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2d 1887

4. Place of Birth, (Street and Number) 2223 Ken. Ave.

5. Full Name of Mother, Minnie C. Sibley

6. Mother's Maiden Name, Oneal

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Frank L. Sibley

9. Father's Occupation, Cotton Clapper

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. J. A. Christian M.D.

Address, 1821 Mad. Ave.

Remarks,

HEALTH DEPARTMENT JUL 7 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, July 2. 1887.

Place of Birth, (Street and Number) 606 Gold St

Full Name of Mother, Amealia Tucker

Mother's Maiden Name, Born

Mother's Birthplace, Pa.

Full Name of Father, Jas. A. Tucker

Father's Occupation, Canvasser

Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. A. Christian M.D.

Address, 1811 Mad Ave

Remarks,

for each offense to be recovered as other fines and fo

..., City Printers and Stationers.

RETURN OF A BIRTH

952 02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White.

Date of Birth, July 2nd 87

Place of Birth, (Street and Number) 1807 Dover St.

Full Name of Mother, Catherine Tierney

Mother's Maiden Name, " Gilden

Mother's Birthplace, City

Full Name of Father, Patrick Tierney

Father's Occupation, Police Officer

Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return. J. H. Wilson

Address, 1803 W. Pratt St.

Remarks,

BALTIMORE, MD. JUL 7 1887

for each offence to be recovered as other fines are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95203.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White.

Date of Birth, July 2. 87

Place of Birth, (Street and Number) 1705 Lemmon St.

Full Name of Mother, Mary Fitzer

Mother's Maiden Name, A J Klee

Mother's Birthplace, Balto. City.

Full Name of Father, Geo T. Fitzer

Father's Occupation, Carpenter

Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. S. P. Wilson

Address, 1803 W Pratt St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH.

95204.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 2nd 87
4. Place of Birth (Street and Number)	118 Hill St. Rear St.
5. Full Name of Mother	Mary Collins
6. Mother's Maiden Name	Mary Derry
7. Mother's Birthplace	East.
8. Full Name of Father	Edward Collins
9. Father's Occupation	Salesman
10. Father's Birthplace	East.
Name of Medical Attendant, or other Person who makes this Return.	R. M. Haas
Address	1019 S. Hilliard.
Remarks	

Corrected Certificate

RETURN OF A BIRTH

95205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2nd inst.

4. Place of Birth, (Street and Number) 3rd No 444 Mulberry St

5. Full Name of Mother, Mrs Molly Eslin Kronau

6. Mother's Maiden Name, Mollie Eslin

7. Mother's Birthplace, Balto City -

8. Full Name of Father, Henry Kronau Jr.

9. Father's Occupation, Manufacturer - Fancy signs

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D.

Address, 425 Saratoga St

Remarks,

for each offense to be recovered as their fines and forfeitures are recoverable.

RETURN OF A BIRTH

95206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 2nd 1887

4. Place of Birth (Street and Number), 121 W. Hill St.

5. Full Name of Mother, Virginia E. Haig

6. Mother's Maiden Name, " " Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry A. Haig

9. Father's Occupation, Book keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St. Rev. B

Remarks,

HEALTH DEPARTMENT JUL 16 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jany 2 1887

4. Place of Birth, (Street and Number) 223 Lemmon st

5. Full Name of Mother, mary stile

6. Mother's Maiden Name, mary swisbraker

7. Mother's Birthplace, baltimore st

8. Full Name of Father, phelups stile

9. Father's Occupation, labore

10. Father's Birthplace, baltimore st

Name of Medical Attendant, or other Person who makes this Return. Rachel a tyler

Address, 710 burke st

Remarks,

CITY DEPARTMENT OF HEALTH BALTIMORE CITY APR 13 1887

City Printers and Stationers.

RETURN OF A BIRTH 95208.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ella

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 2, 1887
4. *Place of Birth (Street and Number),* 208 S Exeter St
5. *Full Name of Mother,* Jennie Drane
6. *Mother's Maiden Name,* Jennie Sobelman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Drane
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Atkinson

Address, Albemarle st No 103.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH

95209.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Boj

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 2 Juli

4. Place of Birth, (Street and Number) 625 8" Ann Street

5. Full Name of Mother, Zofia Gerbot Colmn

6. Mother's Maiden Name, Davis Labor Sophie Gerbolt

7. Mother's Birthplace, Baltimor

8. Full Name of Father, Jefferson Davis Labor Colmn

9. Father's Occupation, Staumason

10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, John C. Schulz 728 S. Wolf St.

Remarks, 1735 Elise Ann St place of burial Balto. Cemetery

Cause of death: convulsions

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

g.5210.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 2 1887
4. Place of Birth (Street and Number),	1157 Johnson st.
5. Full Name of Mother,	Maggie Raab
6. Mother's Maiden Name,	Britzius
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Raab
9. Father's Occupation,	Laborer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return	J. Lohrwasser M.D.
Address,	1032 Hanover st
Remarks,	

HEALTH DEPARTMENT
JUL 5 1887
BALTIMORE, MD.

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95211.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* July 2nd 1887
4. *Place of Birth, (Street and Number)* 809 N. Fremont St
5. *Full Name of Mother,* Virginia Lee Duvall
6. *Mother's Maiden Name,* " " Dare
7. *Mother's Birthplace,* Calvert Co Md.
8. *Full Name of Father,* Henry Duvall
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill MD

Address, 807 Arlington ave

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 6 1887

...o., City Printers and Stationers.

RETURN OF A BIRTH

95212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	first of July
4. *Place of Birth (Street and Number),*	2. 39. Rose street
5. *Full Name of Mother,*	Mrs Susie Gipson
6. *Mother's Maiden Name,*	Miss Susie Brown
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr Alfred Gipson
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Easton Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Sadler.
Address,	605 Pennsylvania ave
Remarks,	

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

952 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 2 1887.
4. Place of Birth (Street and Number),	1033 Charles st.
5. Full Name of Mother,	Anna Lindning.
6. Mother's Maiden Name,	Mattes.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Conrad Lindning.
9. Father's Occupation,	Germany.
10. Father's Birthplace,	Restaurant.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser Midwife.
Address,	1032 Hanover st
Remarks,	

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE CO.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 12 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	3rd July
4. Place of Birth (Street and Number),	242 S. Broadway
5. Full Name of Mother,	Mary H. Fricken
6. Mother's Maiden Name,	Bille
7. Mother's Birthplace,	America
8. Full Name of Father,	John H. Fricken
9. Father's Occupation,	Store Keep
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

95215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 3 1887
4. Place of Birth, (Street and Number) colington ar nor gauf st
5. Full Name of Mother, mary knox
6. Mother's Maiden Name, mary flin
7. Mother's Birthplace, ireland
8. Full Name of Father, richard knox
9. Father's Occupation, enginerman
10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return. Rachel a tyler

Address, 710 burke st

Remarks,

HEALTH DEPARTMENT JUL 13 1887 BALTIMORE CITY

City Printers and Stationers.

95216

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 14 1887 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) female
2. Race or Color (if not of the white race)
3. Date of Birth July 3 – 1887
4. Place of Birth (Street and Number) Light St near Fort.
5. Full Name of Mother Sophia Slagel
6. Mother's Maiden Name " Schaum
7. Mother's Birthplace B City
8. Full Name of Father Thomas Slagel
9. Father's Occupation Barber
10. Father's Birthplace B. City
11. Name of Medical Attendant, or other Person who makes this Return. R. A. Ellis M.D.

Address 915 Light St

Remarks

RETURN OF A BIRTH 95217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 3rd 1887
4. Place of Birth (Street and Number),	1543 E Madison St
5. Full Name of Mother,	Mary C. Traumann
6. Mother's Maiden Name,	Ehlen
7. Mother's Birthplace,	Baltimor
8. Full Name of Father,	John Traumann
9. Father's Occupation,	Baker
10. Father's Birthplace,	Baltimor
Name of Medical Attendant, or other person who makes this Return.	S. H. Seldner M. D
Address,	E Cor Caroline & Eager Sts
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

shing Co., City Printers and Stationers.

RETURN OF A BIRTH, 95218.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 3. 87
4. *Place of Birth, (Street and Number)*	308 Bartlett.
5. *Full Name of Mother*	Sarah Clement
6. *Mother's Maiden Name*	" Caro
7. *Mother's Birthplace*	London Eng.
8. *Full Name of Father*	Jacob. H. Clement
9. *Father's Occupation*	Huckster.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant or other Person who makes this Return.	A. Swatts M.D.
Address	815 W. Lombard St
Remarks	

HEALTH BALTIMORE MD. JUL 9 1887

RETURN OF A BIRTH 95219.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, July 3rd/887 = 10 AM.
4. Place of Birth, (Street and Number) 21 Comit St
5. Full Name of Mother, Gertrude Amelia Schmidt
6. Mother's Maiden Name, " " Brandt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. A Lee Sherzer Md.

Address, 1102 E Balto St

Remarks, Instrumental,

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH 95220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Male,

2. *Race or Color (if not of the white race),* White,

3. *Date of Birth,* July 3d 1887,

4. *Place of Birth (Street and Number),* 925 E Balto St,

5. *Full Name of Mother,* Mamie H Bond,

6. *Mother's Maiden Name,* Marie H Stang,

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* R B Bonds

9. *Father's Occupation,* Cigar Manufacturer,

10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. Fred Chambers

Address, 305 N Eutaw St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 5 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3 - 1887
4. *Place of Birth, (Street and Number)* 2104 Eutaw Place
5. *Full Name of Mother,* Maria L. Brinkmann
6. *Mother's Maiden Name,* Sierck
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* August H. Brinkmann
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm E. Mosley M.D.

Address, 838 N. Eutaw St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95222.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 3rd 1887
4. Place of Birth (Street and Number), No. 1605 East Monument St.
5. Full Name of Mother, Mrs. Gertrude Deborah Durkee
6. Mother's Maiden Name, Mrs. G. D. Jones
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, Mr. John P. Durkee
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm H Clendinen M.D.

Address, No. 418 N. Broadway

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95223.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colloid
3. *Date of Birth,* July 3-1887
4. *Place of Birth (Street and Number),* 756 Chesnut alley
5. *Full Name of Mother,* Mary ~~Brown~~ Simpson
6. *Mother's Maiden Name,* Mary Brown
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Simpson
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* anerandel County

Name of Medical Attendant, or other person who makes this Return. Marian Mason

Address, 537 Walnut alley

Remarks,

HEALTH DEPARTMENT, JUL 6 1887 BALTIMORE CITY

Who shall hereafter fail to comply with the provisions of this Return, or shall make any false or fraudulent statement, for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Mail

2. *Race or Color, (if not of the white race)* Coloard

3. *Date of Birth,* July the third

4. *Place of Birth, (Street and Number)* Howard St No 907

5. *Full Name of Mother.* Florence Butler

6. *Mother's Maiden Name,* Florence Ryne

7. *Mother's Birthplace,* Kent Co MD

8. *Full Name of Father,* Henry Butler

9. *Father's Occupation,* Cotchman

10. *Father's Birthplace,* the Same County

Name of Medical Attendant, or other Person who makes this Return. Amealia Banks

Address, No 417 Eutaw St

Remarks, non

for each offense to be recovered as other fines ...

...n, City Printers and Stationers.

RETURN OF A BIRTH

9.5'225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 3rd

4. *Place of Birth, (Street and Number)* 1482 Battery Av

5. *Full Name of Mother,* Carrie Batz

6. *Mother's Maiden Name,* " Meyer

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Louis Batz

9. *Father's Occupation,* Horse Shoer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohm

Address, 418 N. Paca St.

Remarks,

HEALTH DEPARTMENT
JUL 7 1887
BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 95226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 6 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex (state whether male or female), Girl
2. Race or Color (if not of the white race), White.
3. Date of Birth, 3rd of July 1887.
4. Place of Birth (Street and Number), 220 South Chappel street
5. Full Name of Mother, Ellen Haley.
6. Mother's Maiden Name, Ellen Barnes.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Barnes.
9. Father's Occupation, Bar keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

the Commissioner of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 4th July — 1887
4. *Place of Birth (Street and Number),* Baltimore Plum Alley No 1307
5. *Full Name of Mother,* Margareth Crowley
6. *Mother's Maiden Name,* Margareth Keegan
7. *Mother's Birthplace,* City, Cork, Ireland
8. *Full Name of Father,* Jeremiah Crowley
9. *Father's Occupation,* Brakeman
10. *Father's Birthplace,* Cork Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 ~~Bang~~ Cross st

Remarks,

HEALTH DEPARTMENT, JUL 9 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this Return, for each offence, to be recovered as other fines are recovered.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 4th July

4. *Place of Birth (Street and Number),* No 1127 Sassafras St

5. *Full Name of Mother,* Mrs Kate C Manley

6. *Mother's Maiden Name,* Kate C Lewis

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mr Frank J. Manley

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

JUL 9 1907 BALTIMORE

who shall hereafter fail to comply with the [illegible] for each offence, to be recovered as other [illegible] forfeitures are [illegible]

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 4, 1887

4. *Place of Birth, (Street and Number)* 1819 E. Eager St.

5. *Full Name of Mother,* Elizabeth Horn

6. *Mother's Maiden Name,* Judel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Horn

9. *Father's Occupation,* Trimmer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Baltimore, Md.

Remarks,

for each offense to be recovered as other fines and forfeitures are

HEALTH DEPT. BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH 95230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Benhart

1. *Sex (state whether male or female),* White
2. *Race or Color (if not of the white race),* Male
3. *Date of Birth,* July 4, 1887
4. *Place of Birth (Street and Number),* 78 Marsh Market Space
5. *Full Name of Mother,* Hannah Pusen
6. *Mother's Maiden Name,* Hannah Fisher
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Pusen
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Askenase

Address, Albemarle st No 103.

Remarks,

BOARD OF HEALTH DEPARTMENT, JUL 12 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95231.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	2nd,
Sex, (*state whether male or female*)	Male,
Race or Color, (*if not of the white race*)	White,
Date of Birth,	July 4th 1887
Place of Birth, (*Street and Number*)	1231 Chew st
Full Name of Mother,	Kate Amanda Colbert,
Mother's Maiden Name,	Kate A. Callahan,
Mother's Birthplace,	Balto City,
Full Name of Father,	Robert Bonnet Colbert,
Father's Occupation,	Can Maker,
Father's Birthplace,	Norfolk, Va,
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Kuighton MD
Address,	920 N. Broadway
Remarks,	

...TERS AND STATIONERS.

RETURN OF A BIRTH 95232.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12, Thresa

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 4, 1887

4. *Place of Birth (Street and Number).* 120 Marsh Market Space

5. *Full Name of Mother,* Esther Buchner

6. *Mother's Maiden Name,* Esther Gornstein

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Solomon Buchner

9. *Father's Occupation,* Storekeeper

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Dr Ashenase

Address, Albemarle st no 103.

Remarks,

for each offence, to be recovered as other fines are by law.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

95233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 4th 1887

4. *Place of Birth, (Street and Number)* 2106 Eastern Ave

5. *Full Name of Mother,* Annie Horn

6. *Mother's Maiden Name,* Youngmann

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Horn

9. *Father's Occupation,* Carpenter

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 116 S. Broadway

Remarks,

BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 1st 1887.
4. *Place of Birth (Street and Number),*	642 Burke st.
5. *Full Name of Mother,*	Annie Elizabeth Bauer
6. *Mother's Maiden Name,*	Annie E. Beck
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Bauer
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 95235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), mal

2. Race or Color (if not of the white race), Colour

3. Date of Birth, July 4th

4. Place of Birth (Street and Number), 312 Dover street

5. Full Name of Mother, May Civilla mason

6. Mother's Maiden Name, " " " Cole

7. Mother's Birthplace, St Marys county

8. Full Name of Father, William mason

9. Father's Occupation, Waiter

10. Father's Birthplace, Peterburg Virginia

Name of Medical Attendant, or other person who makes this Return. Anni Johson

Address, 701 Tyson street

Remarks,

HEALTH DEPARTMENT, JUL 18 1907 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95236.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 4th 1887.
4. *Place of Birth (Street and Number),* N. Bond St No 118
5. *Full Name of Mother,* Katie Orwing
6. *Mother's Maiden Name,* Katie Birx
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Orwing
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. c Mary E. Miller

Address, N. Dallas St. No 114

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 4th 1887.
4. Place of Birth (Street and Number),	* 1008 W Lombard St
5. Full Name of Mother,	Margaret A. Mooney
6. Mother's Maiden Name,	Margaret A. Trainor
7. Mother's Birthplace,	Baltimore City.
8. Full Name of Father,	Edward O. Mooney.
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

ing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95 238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 4, 1887
4. *Place of Birth, (Street and Number)* 129 Plum Alley
5. *Full Name of Mother,* Annie M. Williams
6. *Mother's Maiden Name,* Annie M. Hunt
7. *Mother's Birthplace,* Calvert Co.
8. *Full Name of Father,* John William
9. *Father's Occupation,* Scowman
10. *Father's Birthplace,* West River, Md

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

FEB 1887 BALTIMORE

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95239.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Knabe
2. *Race or Color (if not of the white race),* Weiß
3. *Date of Birth,* 4. Juli
4. *Place of Birth (Street and Number),* Alexianer Str. No. 1715.
5. *Full Name of Mother,* Katharina Lechleiter.
6. *Mother's Maiden Name,* Kh. Schneider.
7. *Mother's Birthplace,* Nied. Deutschland.
8. *Full Name of Father,* Jakob Lechleiter.
9. *Father's Occupation,* Schneider.
10. *Father's Birthplace,* Stockheim. Deutschland.

Name of Medical Attendant, or other person who makes this Return. Dr Mowles

Address, 1829 E Pratt St

Remarks,

HEALTH DEPARTMENT JUL 9 1887 BALTIMORE MD

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	4th of July 1887.
4. Place of Birth (Street and Number),	146 North Washington Street
5. Full Name of Mother,	Annie Stanley Clary.
6. Mother's Maiden Name,	Annie Stanley McAllonie
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	William McAllonie
9. Father's Occupation,	Engennire
Father's Birthplace,	Ireland.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5 July
4. *Place of Birth (Street and Number),* 1308 Holland St
5. *Full Name of Mother,* Clara Benesh
6. *Mother's Maiden Name,* " Holbeck
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Max Benesh
9. *Father's Occupation,* Carver
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbig

Address, 1302 Holland St

Remarks, Balto

HEALTH DEPARTMENT, BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 95242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 5th day of July 1867
4. *Place of Birth (Street and Number),* 245 Bruce st Baltimore
5. *Full Name of Mother,* Mrs Mary annie Goodsmith
6. *Mother's Maiden Name,* Mary annie Tilley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Goodsmith
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter.

Address, 23 N° Poppleton St

Remarks,

Who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9.5243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 5/87
4. Place of Birth (Street and Number),	1006 Stiles St.
5. Full Name of Mother,	Elizabeth A. Price
6. Mother's Maiden Name,	" " Thompson
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Geo. W. Price
9. Father's Occupation,	Engineer
10. Father's Birthplace,	New York
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M. D.
Address,	129 S. Broadway
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95244.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 C[illegible]field

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 5th Jul[illegible]

4. *Place of Birth, (Street and Number)* 559 W Biddle

5. *Full Name of Mother,* Ann Elizer Robinson

6. *Mother's Maiden Name,* Ann Elizer ~~Robinson~~ Kenard

7. *Mother's Birthplace,* Richmon Virgina

8. *Full Name of Father,* Lawrance Robinson

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Baltimor M D

Name of Medical Attendant, or other Person who makes this Return Celistial Cook

Address, 1008 Shields Al

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

[illegible] City Printers and Stationers

RETURN OF A BIRTH 95245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Born July - 5 th
4. *Place of Birth, (Street and Number)* 403 - N Spring St
5. *Full Name of Mother,* Arbella Gideon
6. *Mother's Maiden Name,* Arbella Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Gideon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other Person who makes this Return. Elebeth McDonel
12. *Address,* 102 N Durham St
13. *Remarks,*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence (to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers

RETURN OF A BIRTH 95246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 3rd

4. *Place of Birth (Street and Number),* 637 W Pratt St

5. *Full Name of Mother,* Anna Link

6. *Mother's Maiden Name,* Anna Raigh

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ludwig Link

9. *Father's Occupation,* Cabinet Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Heligonda Alefeo

Address, 539 Columbia Ave

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as debts of like amount are recovered.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 5th 1887

4. *Place of Birth, (Street and Number)* 1820 Canton Ave

5. *Full Name of Mother,* Johanna Francisco Bonnette

6. *Mother's Maiden Name,* J. F. Brockman

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Ernest Wm Bonnette

9. *Father's Occupation,* Shoe Maker

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle Mid

Address, 1701 E Baltimore St

Remarks,

Report its birth to the Commissioner of Health, in the [illegible] of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY JUL 11 1887

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95248.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* ~~71 E. Fayette St.~~ 5 July 87
4. *Place of Birth (Street and Number),* 71 E. Fayette St.
5. *Full Name of Mother,* Beckie Godfried
6. *Mother's Maiden Name,* " Brifkon
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Simon Godfried
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulbrig

Address, 1302 Holland Ave

Remarks, Balto.

for each offence, to be recovered as other Debts are.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 95249.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	5th July
4. Place of Birth (Street and Number),	124 Little Gough st.
5. Full Name of Mother,	Maggie Heim
6. Mother's Maiden Name,	Pick
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Heim
9. Father's Occupation,	Bakery
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY BOARD OF HEALTH DEPARTMENT, JUL 27 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Femal
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 5th
4. *Place of Birth (Street and Number),* 1 26 Chestnut Ally
5. *Full Name of Mother,* Elzia Rankins
6. *Mother's Maiden Name,* " " Marit
7. *Mother's Birthplace,* Amerundee County
8. *Full Name of Father,* James Rankins
9. *Father's Occupation,* Thirty
10. *Father's Birthplace,* West Reiver

Name of Medical Attendant, or other person who makes this Return. Mr Anni Johnson

Address, 110 Tyson Street

Remarks,

BUREAU OF STATISTICS JUL 18 1897 BALTIMORE MD

for each offence, to be recovered as other fines and forfeited as [illegible]

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 90251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	5th July
4. Place of Birth (Street and Number),	104 Eastern Ave.
5. Full Name of Mother,	Mary Muesen
6. Mother's Maiden Name,	Muesen
7. Mother's Birthplace,	Italy
8. Full Name of Father,	Michael Muesen
9. Father's Occupation,	Scissor Grinder
Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

BALTIMORE JUL 7 1887

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	5th July
4. Place of Birth (Street and Number),	823 Eastern Ave.
5. Full Name of Mother,	Theadore Pedeadona
6. Mother's Maiden Name,	Pedeadona
7. Mother's Birthplace,	Italy
8. Full Name of Father,	John Pedeadona
9. Father's Occupation,	Laborer
Father's Birthplace,	Italy
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of thirty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

Corrected certificate

RETURN OF A BIRTH

95253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th inst
4. *Place of Birth, (Street and Number)* 1502 Mosher st - Res - No
5. *Full Name of Mother,* Lilly Reckert Porter
6. *Mother's Maiden Name,* Lilly Reckert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas H Porter Jr
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D

Address, 425 Saratoga st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 952.54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 5 — 1887.
4. Place of Birth (Street and Number),	1205 William st
5. Full Name of Mother,	Maggie Bauer
6. Mother's Maiden Name,	Epp.
7. Mother's Birthplace,	America
8. Full Name of Father,	Joseph Bauer.
9. Father's Occupation,	Store keeper
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health, in the manner and wieder [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] are recoverable.

BALTIMORE, MD. JUL 13 1887

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1887
4. *Place of Birth, (Street and Number)* 25 Light St
5. *Full Name of Mother,* Annie Brooks
6. *Mother's Maiden Name,* Kennedy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Stevens Brooks
9. *Father's Occupation,* Hotel Seeker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, 111 S Broadway

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...o., City Printers and Stationers.

RETURN OF A BIRTH 95256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

8. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

9. Sex, (state whether male or female) Male

10. Race or Color, (if not of the white race) White

11. Date of Birth, July 6th 1887

12. Place of Birth, (Street and Number) 1034 N. Front Street

13. Full Name of Mother, Wilhelmina Margaret Wilderson

14. Mother's Maiden Name, " " Schwartz

15. Mother's Birthplace, Worthington Valley Balto Co.

16. Full Name of Father, Richard Remington Wilderson

17. Father's Occupation, Driver

18. Father's Birthplace, Taneytown Carroll Co.

Name of Medical Attendant, or other Person who makes this Return Emily Holmes, Midwife

Address, 651 W. Lafayette St—

Remarks,

RECEIVED JUL 13 1887 REGISTRAR OF VITAL STATISTICS BALTIMORE CITY

PRINTERS AND STATIONERS

RETURN OF A BIRTH 95257.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Secend child.
1. *Sex (state whether male or female),*	male.
2. *Race or Color (if not of the white race),*	white.
3. *Date of Birth,*	5 of julie. 1887
4. *Place of Birth (Street and Number),*	Baltimore. Dunken allie. 413
5. *Full Name of Mother,*	Mary Dbausch.
6. *Mother's Maiden Name,*	Mary Dillfelder.
7. *Mother's Birthplace,*	baltimore.
8. *Full Name of Father,*	John bausch.
9. *Father's Occupation,*	hay packer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park. Ave
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

95258.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5th 1887

4. Place of Birth, (Street and Number) No 610 Biddle

5. Full Name of Mother, Jennie Fort

6. Mother's Maiden Name, " Davis

7. Mother's Birthplace, Russia

8. Full Name of Father, Harris Fort

9. Father's Occupation, Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. A Friedenwald Mrs

Address, 310 N Eutaw St

Remarks,

HEALTH DEPARTMENT, JUL 6 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 95259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) Second (2d)

Sex (state whether male or ~~female~~), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 5th 1889

4. Place of Birth (Street and Number), No. 1116 McKim Street

5. Full Name of Mother, Mrs. Lewis M. Wallace

6. Mother's Maiden Name, Miss Susie Kent

7. Mother's Birthplace, Canada

8. Full Name of Father, Mr. Lewis M. Wallace

9. Father's Occupation, Bricklayer

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Wm H. Chisdenn M.D.

Address, No. 418 N. Broadway

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY 1907

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95260.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	male (Leslie Sanchez)
Race or Color, (if not of the white race)	White
3. Date of Birth	July 5th 1887
4. Place of Birth, (Street and Number)	817 N. Monroe st
5. Full Name of Mother,	Helen Mary Morton Livezey
6. Mother's Maiden Name,	
Mother's Birthplace,	Balto city
8. Full Name of Father,	Henry S. Morton
9. Father's Occupation,	Clerk Bradstreets
Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	Harvey Hall MD
Address,	807 Aisquith ave.
Remarks,	

HEALTH DEPARTMENT JUL 6 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with
for each offence to be recovered as other fines a

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95261.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White.
4. *Date of Birth,* July 5. 87
5. *Place of Birth, (Street and Number)* Bartlett & Frederick Aves
6. *Full Name of Mother,* Hannah Eliz. Ritter
7. *Mother's Maiden Name,* " " Pfeiffer
8. *Mother's Birthplace,* Balto. Co.
9. *Full Name of Father,* John W. Ritter
10. *Father's Occupation,* Bricklayer
11. *Father's Birthplace,* Balto Co.

Name of Medical Attendant, or other Person who makes this Return. L. W. Nelson

Address, 1813 McCulloh

Remarks,

JUL 7 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with
for each offence to be recovered as other fines a

Co., City Printers and Stationers.

RETURN OF A BIRTH

952 62.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 5th

4. *Place of Birth, (Street and Number)* 436 Conway st

5. *Full Name of Mother,* Anna Kirchner

6. *Mother's Maiden Name,* " Krahe

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Hermann Kirchner

9. *Father's Occupation,* Cabinetmaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. A. L. Buckenbohn

Address, 418 S. Paca st

Remarks,

HEALTH DEPARTMENT JUL 7 1887 BALTIMORE MD

ity Printers and Stationers.

RETURN OF A BIRTH

9.52 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 36 Clarks alley 4

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Witer Childe

3. Date of Birth, 5 of July at 8 am in Morin

4. Place of Birth, (Street and Number) 5.36 Clarke Alley

5. Full Name of Mother, Mrs Kate Mullen

6. Mother's Maiden Name, Kate Shoy

7. Mother's Birthplace, Stanton Va

8. Full Name of Father, John Mullen

9. Father's Occupation, Farmer for Baltimore C W N

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Worten

Address, 936 Greenmount Ave near Edgar

Remarks,

HEALTH DEPARTMENT, BALTIMORE, 1877

RETURN OF A BIRTH 95269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Children

Sex, (state whether male or female) fe male Child

2. *Race or Color, (if not of the white race)* Colded Child

3. *Date of Birth,* July the 5 1887

4. *Place of Birth, (Street and Number)* hesnut st 308

5. *Full Name of Mother,* melilda Colmon

6. *Mother's Maiden Name,* melildia Jones

7. *Mother's Birthplace,* Prince an County

8. *Full Name of Father,* isic Colmon

9. *Father's Occupation,* is dead

10. *Father's Birthplace,* Prnclan County

Name of Medical Attendant, or other Person who makes this Return.

Address, Mr darky tomlin 308 Chestnut St

Remarks,

RETURN OF A BIRTH

95265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)

2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)

3. *Date of Birth,* July 6th 1887 - 4 P.M.

4. *Place of Birth, (Street and Number)* Old 49 Albemarle St

5. *Full Name of Mother,* Mattie Defree

6. *Mother's Maiden Name,* " Dixon

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Jacob Henry Defree

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. A Tre W Sherkey Md.

Address, 1102 E Balto St

Remarks, "

Instrumental

HEALTH DEPARTMENT, JUL 7 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95266.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 6 of July 1887
4. Place of Birth (Street and Number),	No 1019 Valley St
5. Full Name of Mother,	Brigit Hall
6. Mother's Maiden Name,	Brigit Malone
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Hall
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Martin Lauer
Address,	No 1054 Harford Ave
Remarks,	Bal Md
	1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 9526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Female

Race or Color (if not of the white race), Col'd

3. *Date of Birth,* August 9th

4. *Place of Birth (Street and Number),* 1107 Raborg St

5. *Full Name of Mother,* Willie ~~Bates~~ Grant

Mother's Maiden Name, Willis Watkins

7. *Mother's Birthplace,* Staunton Va

8. *Full Name of Father,* Robert Grant

9. *Father's Occupation,* Waiter

Father's Birthplace, Staunton Va

Name of Medical Attendant, or other person who makes this Return. Jane Moreland

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Wednesday 6th July
4. *Place of Birth (Street and Number),* 1603 W. Pratt St.
5. *Full Name of Mother,* Carie. Rauling
6. *Mother's Maiden Name,* Carie Gaa
7. *Mother's Birthplace,* Schwudenback. Germany
8. *Full Name of Father,* Wm Rauling
9. *Father's Occupation,* Lacksmith
10. *Father's Birthplace,* Michselstown, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs N. Mannel Midwife

Address, #625 Saratoga St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 95269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name -- Carroll Maryott Wright

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 6 th 1887

4. Place of Birth, (Street and Number) 1437 Lafayette ave

5. Full Name of Mother, Mrs. Annie Wright

6. Mother's Maiden Name, " Fiston

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, John N Wright

9. Father's Occupation, Principal Towson High School

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. W F Hill M D

Address, 1001 Edmondson Ave

Remarks, GIVEN NAME ADDED 7-18-92

JUL 22 1887 BALTIMORE

for each offence to be recovered as other fines are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1887

4. Place of Birth, (Street and Number) No 22 Augusta

5. Full Name of Mother, Marguet Burrik

6. Mother's Maiden Name, Marguet Brownen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Printer

9. Father's Occupation, Bradley Brownen

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Michael Mitchell

Address, No 112 Calderally

Remarks,

HEALTH DEPARTMENT JUL 18 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH, 95271.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUL 10 1897 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 6th
4. Place of Birth, (Street and Number) 1630 Mulberry St.
5. Full Name of Mother Julia Jameson
6. Mother's Maiden Name Clark
7. Mother's Birthplace ~~Gaston~~ Baltimore
8. Full Name of Father Alphonso
9. Father's Occupation Clerk
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. John Neff

Address 701 N Carrollton Ave

Remarks

RETURN OF A BIRTH 95272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

. Sex, (state whether male or female) Male

. Race or Color, (if not of the white race) Colord

. Date of Birth, July 6 1887

. Place of Birth, (Street and Number) Balto C Warner St. 1013

. Full Name of Mother, Eliza Camphor

. Mother's Maiden Name, " Brown

. Mother's Birthplace, Balto C

. Full Name of Father, Noah Brown

. Father's Occupation, Brick Maker

0. Father's Birthplace. Kent Island

Name of Medical Attendant, or other Person who makes this Return Sarah Brown

Address, 827 China St Balto

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH

9527 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* July the 6th
4. *Place of Birth (Street and Number),* forth St No 1103
5. *Full Name of Mother,* Netty rebstock
6. *Mother's Maiden Name,* Sheckels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles rebstock
9. *Father's Occupation,* Brick luer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 6, 1887

4. *Place of Birth, (Street and Number)* 1024 N. Wolfe St

5. *Full Name of Mother,* Barbara Seiler

6. *Mother's Maiden Name,* Pasbrent

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Henry Seiler

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 95275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* July 6 1887

4. *Place of Birth, (Street and Number)* 213 East Street

5. *Full Name of Mother,* Mary E Martin

6. *Mother's Maiden Name,* Mary E Chapman

7. *Mother's Birthplace,* porter poseum

8. *Full Name of Father,* gorge C hapanam

9. *Father's Occupation,* oyster shaker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dorke D tanesm

Address, 144 Chumont street

Remarks,

BEACH DEPARTMENT JUL 11 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures

RETURN OF A BIRTH

95276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 6th of July 1887

4. Place of Birth, (Street and Number) No 613 Walker st Baltimore

5. Full Name of Mother, Mary Shafer

6. Mother's Maiden Name, Mary Backer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jacobs Shafer

9. Father's Occupation, Shoe worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 616 Walker St

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

...., City Printers and Stationers.

RETURN OF A BIRTH 95277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd,
Sex, (state whether male or female)	Female,
Race or Color, (if not of the white race)	White,
Date of Birth,	July 6th 1887,
Place of Birth, (Street and Number)	916 Hartford Ave,
Full Name of Mother,	Nellie F. Fink,
Mother's Maiden Name,	Nellie L. Love,
Mother's Birthplace,	Richmond, Va,
Full Name of Father,	Henry Joseph Fink,
Father's Occupation,	Contractor,
Father's Birthplace,	Balto City,
Name of Medical Attendant, or other Person who makes this Return	Chas. Blizzard M.D.
Address,	920 N. Broadway
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 95278.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 M.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 6/87
4. *Place of Birth, (Street and Number)* 1812 Alice ann
5. *Full Name of Mother,* Laura C. Raynes
6. *Mother's Maiden Name,* " " Bellison
7. *Mother's Birthplace,* Carroll Co. Mill
8. *Full Name of Father,* Ed. Raynes
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. J. L. Milton

Address, 226 S. Bay

Remarks,

FINANCE DEPARTMENT, BALTIMORE, MD. JUL 8 1887

for each offense to be recovered as other ames and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 95279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th July

4. Place of Birth, (Street and Number) 1155 Nanticoke Street

5. Full Name of Mother, Mrs L. Guttridge

6. Mother's Maiden Name, Miss Selby

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, James Kelly Guttridge

9. Father's Occupation, Varnisher

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Lavinia Mills 819 (Stockholm Street

Address, Doing well

Remarks,

HEALTH DEPARTMENT, JUL 7 1887 BALTIMORE, MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 95280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), White

3. Date of Birth, July 7 1887

4. Place of Birth (Street and Number), 216 Laurens St

5. Full Name of Mother, Laura V Jenkins

6. Mother's Maiden Name, Talbot

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, Francis X Jenkins

9. Father's Occupation, Salesman

10. Father's Birthplace, Prince Georges Co Md

Name of Medical Attendant, or other person who makes this Return. Dr R. Winslow

Address, 1 Mount Royal Terrace

Remarks,

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male ~~or female~~),

2. Race or Color (if not of the white race), White

3. Date of Birth, 7th July 1887

4. Place of Birth (Street and Number), 608 Patapsco Park Ave

5. Full Name of Mother, Minnie Nah

6. Mother's Maiden Name, Minnie Mullen

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Nah

9. Father's Occupation, Laborer

Father's Birthplace, U.S.A.

Name of Medical Attendant, or other person who makes this Return. Frances E Rice

Address, 604 Patterson Park Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 16 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 7th/87
4. Place of Birth, (Street and Number)	1400 W Lombard
5. Full Name of Mother,	Jane Howard
6. Mother's Maiden Name,	" Hamilton
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Wm Howard
9. Father's Occupation,	Farmer
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Dic
Address,	600 N Howard St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 1887

4. Place of Birth, (Street and Number) 349 N Gay St

5. Full Name of Mother, Harriet Sophia Heal

6. Mother's Maiden Name, " " Rutherford

7. Mother's Birthplace, New Foundland

8. Full Name of Father, Hannibal Murch Heal

9. Father's Occupation, Druggist

10. Father's Birthplace, Ontario - Canada

Name of Medical Attendant, or other Person who makes this Return.

Address, Saml J Belt

Remarks, 314 N Exeter St City

HEALTH DEPARTMENT JUL 15 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures

..., City Printers and Stationers.

RETURN OF A BIRTH 9.5214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 7, 1887

4. Place of Birth, (Street and Number) 225 S. Bond St.

5. Full Name of Mother, Francis Klausmeyer

6. Mother's Maiden Name. Roth

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Emil Klausmeyer

9. Father's Occupation, Musician

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1607 Walker St. Balto. Md.

Remarks.

City Printers and Stationers.

RETURN OF A BIRTH 95285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White race.

3. *Date of Birth,* July 7/87.

4. *Place of Birth, (Street and Number)* No 1524 Hanover St

5. *Full Name of Mother,* Sarah E. Craig

6. *Mother's Maiden Name,* " Hyss

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Theodore B. Craig

9. *Father's Occupation,* Laboring Man

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Annie Geems

Address, No 1714 Light St

Remarks,

HEALTH DEPARTMENT BALTIMORE MD. 1887

City Printers and Stationers

RETURN OF A BIRTH

95286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 7th 1887

4. Place of Birth, (Street and Number) #201 [illegible] St.

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, Joe [illegible]

9. Father's Occupation, Rag Dealer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Darkey Tomlin

Address, #134 Chestnut Street

Remarks,

BEALTH DEPARTMENT JUL 1887 BALTIMORE

RETURN OF A BIRTH. 95287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* July 7. 1887

4. *Place of Birth, (Street and Number)* 10 Conway St.

5. *Full Name of Mother,* Mary Bruing

6. *Mother's Maiden Name,* Bryne

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Jacob Bruing

9. *Father's Occupation,* Horse shoer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough

Address, 15 E. Montgomery St.

Remarks,

HEALTH DEPARTMENT JUL 11 1887

...or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 7 of July 1857

4. *Place of Birth (Street and Number),* Lemon at 920

5. *Full Name of Mother,* Anna Carney

6. *Mother's Maiden Name,* Anna Rodican

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Owen H Carney

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr Hunter

Address, 23 N Poppleton St

Remarks,

for each offence, to be recovered as debts of like amount are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 7.

4. *Place of Birth, (Street and Number)* 806 Stockholm Street

5. *Full Name of Mother,* Kate Wheatley

6. *Mother's Maiden Name,* Kate Harris

7. *Mother's Birthplace,* Easton, Md.

8. *Full Name of Father,* Thomas Wheatley

9. *Father's Occupation,* Sailor

Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Lovginia Suttle

Address, 819 Stockholm Street

Remarks, doing Well

for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY JUL 12 1897

Co., City Printers and Stationers.

RETURN OF A BIRTH. 95290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth July 7th 1887

4. Place of Birth, (Street and Number) 1007 Calvert St

5. Full Name of Mother, Etta Thomas Ridgely

6. Mother's Maiden Name, Etta Thomas

7. Mother's Birthplace, Balto

8. Full Name of Father, Otho E Ridgely

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park ave

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 95291.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 – 6

Sex, (state whether male or female) Twins male + female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* July the 4

4. *Place of Birth, (Street and Number)* 8 Church Street

5. *Full Name of Mother,* Susan watts

6. *Mother's Maiden Name,* Susan Williams

7. *Mother's Birthplace,* virginia

8. *Full Name of Father,* Spencer watts

9. *Father's Occupation,* Labour

Father's Birthplace, New york

Name of Medical Attendant, or other Person who makes this Return. July Dixon

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH.

95292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 8th
4. *Place of Birth (Street and Number)* Clarest Alley No 12
5. *Full Name of Mother* Eliza Scrivner
6. *Mother's Maiden Name* ....O. Jackson
7. *Mother's Birthplace* City
8. *Full Name of Father* James Scrivner
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Atlee Md

Name of Medical Attendant, or other Person who makes this Return. Francis Granby

Address 936 Leadenhall St

Remarks doing well

HEALTH DEPARTMENT
JUL 11 1888
BALTIMORE CITY

RETURN OF A BIRTH. 95293.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8 1897
4. Place of Birth, (Street and Number)	1628 E Balt° St
5. Full Name of Mother,	Rose Marco
6. Mother's Maiden Name,	Rose Rosenstein
7. Mother's Birthplace,	Balt° City
8. Full Name of Father,	Marcus Marco
9. Father's Occupation,	Farmer
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	C W Harwood M D
Address,	
Remarks,	

BOARD OF HEALTH BALTIMORE

for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The second

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 16th 1895

4. *Place of Birth (Street and Number),* 1604 N. Chester st.

5. *Full Name of Mother,* Mary Maltz

6. *Mother's Maiden Name,* Mary Baumgardner

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Maltz

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Brown

Address, 1600 N. Chester [illegible] Ave

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 95295.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 8th 1887
4. Place of Birth (Street and Number),	429 C Madison
5. Full Name of Mother,	Nellie L O'Connell
6. Mother's Maiden Name,	Daly
7. Mother's Birthplace,	Balti
8. Full Name of Father,	J. J. O'Connell
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Balti
Name of Medical Attendant, or other person who makes this Return.	D. Sheets M.D.
Address,	403 N. Exeter St.
Remarks,	

HEALTH DEPARTMENT, JUL 9 1887 BALTIMORE

Who shall hereafter fail to comply with the provisions of this Return, or shall be preferable for each offence, to be recovered as other fines and forfeitures are recoverable.

Bishop Co., City Printers and Stationers.

Missing 95296 & 95297

RETURN OF A BIRTH

95298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The eighth child.

1. *Sex (state whether male or female),* male.
2. *Race or Color (if not of the white race),* white.
3. *Date of Birth,* 8th of July 1887
4. *Place of Birth (Street and Number),* 825 Franklin St.
5. *Full Name of Mother,* Kate Johnston.
6. *Mother's Maiden Name,* Kate Kendrick.
7. *Mother's Birthplace,* Charles County Md.
8. *Full Name of Father,* Edwin C Johnston.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Susan Shinton

Address, 23 N Poppelton St

Remarks,

JUL 12 1887 BALTIMORE

Publishing Co., City Printers and Stationers.

Missing #95299 & #95300

RETURN OF A BIRTH 45301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 8th 1887.
4. *Place of Birth (Street and Number),* 16 Elderg St 2228
5. *Full Name of Mother,* Maggie Schuman
6. *Mother's Maiden Name,* Maggie Bien
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Schuman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks,

BALTIMORE CITY BOARD OF HEALTH JUL 10 1887

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95302.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lillian H. Haggerty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	8 of July,
4. Place of Birth (Street and Number),	2039 Bank st.
5. Full Name of Mother,	Louisa (Haughty) Haggerty
6. Mother's Maiden Name,	Louisa Eckes.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John (Haughty) Haggerty
9. Father's Occupation,	fireman
10. Father's Birthplace.	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne st.
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 18 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 8 1887
4. Place of Birth, (Street and Number)	229 Pratt St
5. Full Name of Mother,	Jennie Dessel
6. Mother's Maiden Name,	Jennie Beckman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Fred Dressel
9. Father's Occupation,	Barber
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Carthine Mitchell
Address,	No 112 Caldren Alley
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section, shall [illegible] (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 95304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 1887
4. *Place of Birth, (Street and Number)* N° 45 Heath
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Easter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Smith
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, N° 1517 Byrd st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act [illegible] shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

[illegible] Co., City Printers and Stationers.

RETURN OF A BIRTH 95305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	White
3. *Date of Birth,*	July 8th
4. *Place of Birth, (Street and Number)*	433 N Gay St
5. *Full Name of Mother,*	Carrie Buchheimer
6. *Mother's Maiden Name,*	Carrie Taylor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo K Buchheimer
9. *Father's Occupation,*	Cutler
10. *Father's Birthplace,*	Balt Co
Name of Medical Attendant, or other Person who makes this Return.	Daniel V Morgan MD
Address,	728 Aisquith St
Remarks,	Placenta Previa Marginalis - Hemorrhage furious - Termination successful to mother & child

JUL 9 1895 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Jn. City Printers and Stationers.

RETURN OF A BIRTH 95306.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th 6 55 A.M. 1887
4. *Place of Birth, (Street and Number)* 609 Burke St.
5. *Full Name of Mother,* Ida Bezdilla Jubb Jester
6. *Mother's Maiden Name,* L. B. Jubb
7. *Mother's Birthplace,* West Shore Md.
8. *Full Name of Father,* Jos. Alex Jester
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return James E Downille M.D.

Address, 1701 E Balto. St.

Remarks,

HEALTH DEPARTMENT JUL 11 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 95307.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* Baltimore.
4. *Place of Birth, (Street and Number)* 1410 E. Biddle St.
5. *Full Name of Mother,* Sarah F. Gontrum.
6. *Mother's Maiden Name,* Sarah F. Claridge.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry H. Gontrum.
9. *Father's Occupation,* Foreman in Shoe Factory.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. F. Powell M.D.

Address, 309 St. Paul St. Extended

Remarks, Child - Healthy -

HEALTH DEPARTMENT JUL 9 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above [illegible], shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* July 9/87

4. *Place of Birth, (Street and Number)* No 113. Jamestown

5. *Full Name of Mother,* Maggie Rud.

6. *Mother's Maiden Name,* " Leman

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Michael Leman,

9. *Father's Occupation,* Laboring Man.

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Annie Graves

Address, No. 634. Eight St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* July the 9 th 1887
4. *Place of Birth, (Street and Number)* Baltimore 212 Jasper St
5. *Full Name of Mother,* Queser Gray
6. *Mother's Maiden Name,* Queser Stevenson
7. *Mother's Birthplace,* Fredric County
8. *Full Name of Father,* John Gray
9. *Father's Occupation,* lumber piler
10. *Father's Birthplace,* Fredric County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Dawes

Address, 213 ~~B~~ ~~S~~ Jasper Street Baltimore Md

Remarks,

HEALTH DEPARTMENT JUL 12 1887 BALTIMORE, MD.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95310.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* ~~White~~ Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 9th
4. *Place of Birth (Street and Number),* 401 Dover St
5. *Full Name of Mother,* Lotta Seibert
6. *Mother's Maiden Name,* Lotta Seibel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Seibert
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Helligonda Slifer

Address, 529 Columbia ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 13 1887 BALTIMORE MD.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 2 15 P.M. 1887
4. *Place of Birth, (Street and Number)* N E Cor McEldery & Wolf
5. *Full Name of Mother,* Barbara Eva Meyer
6. *Mother's Maiden Name,* B. E. Rice
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Frank P Andrew Meyer
9. *Father's Occupation,* Cook. Kiefer
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle M D

Address, 1701 E Baltimore St

Remarks,

HEALTH DEPARTMENT, JUL 16 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95312.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female),* Male Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 9 1887.
4. *Place of Birth (Street and Number),* 15 West st.
5. *Full Name of Mother,* Sarah Beylein
6. *Mother's Maiden Name,* Sidlei
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John Beylein
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser. Midwife

Address, 1032 Hanover st.

Remarks,

HEALTH DEPARTMENT JUL 1 1887 BALTIMORE MD

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 9th 1887

4. *Place of Birth, (Street and Number)* 806 N. Fulton ave

5. *Full Name of Mother,* Harriett Sarah Dawes

6. *Mother's Maiden Name,* " " Bright

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Henry Dawes

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M. D.

Address, 833 Edmondson ave

Remarks,

BOARD OF HEALTH BALTIMORE JUL 26 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures

Co. City Printers and Stationers

RETURN OF A BIRTH

95314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* July 9, 1887
5. *Place of Birth, (Street and Number)* 1711 Eastern Av.
6. *Full Name of Mother,* Carrie Haines
   Mother's Maiden Name, " Leach
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Chas. Haines
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUL 26 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* July the 9th
4. *Place of Birth (Street and Number),* Baltimore forte av No 1018
5. *Full Name of Mother,* alice glass
6. *Mother's Maiden Name,* Clark
7. *Mother's Birthplace,* Boston
8. *Full Name of Father,* James f glass
9. *Father's Occupation,* Brom Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light St No 1514

Remarks,

BEST DRAWING
JUL 20 1897
BALTIMORE

...the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95316.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether male ~~or female~~),
2. Race or Color (if not of the white race), White
3. Date of Birth, July 9th 1887
4. Place of Birth (Street and Number), Gough St No 1402.
5. Full Name of Mother, Annie Wolf
6. Mother's Maiden Name, Annie Lewis
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John C. Wolf
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Miller

Address, N Dallas St. No 114

Remarks,

who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 9th 1887

4. *Place of Birth, (Street and Number)* 758 N Waesche St

5. *Full Name of Mother,* Eliza E. Cole

6. *Mother's Maiden Name,* Eliza E. Quill

7. *Mother's Birthplace,* Calvert Co Md

8. *Full Name of Father,* George H Cole

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Easton Talbot Co

Name of Medical Attendant, or other Person who makes this Return. Hilley Gross

Address, 229 york st

Remarks,

HEALTH DEPARTMENT BALTIMORE MD JUL 18 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures

Co., City Printers and Stationers.

RETURN OF A BIRTH 95318.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Gottfried Dimpert

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 9. 1887

4. Place of Birth, (Street and Number) 614 N. Bethel St.

5. Full Name of Mother, Christine (~~Mayer~~) Dimpert

6. Mother's Maiden Name, Simon

7. Mother's Birthplace, Germany

8. Full Name of Father, (~~Karle Dimpert~~) Carl Dimpert

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto. Md

Remarks, CERTIFICATE CORRECTED 6-18-52.

HEALTH DEPARTMENT JUL 13 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95319.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* July-9-1887
4. *Place of Birth (Street and Number),* No 512-Walnut alley
5. *Full Name of Mother,* Martha Jane Woodland
6. *Mother's Maiden Name,* Martha Jane Sellers
7. *Mother's Birthplace,* Richmond Virginia
8. *Full Name of Father,* Daniel Woodland
9. *Father's Occupation,* City Laborer
10. *Father's Birthplace,* Saint Harys County

Name of Medical Attendant, or other person who makes this Return. Haryann Hason

Address, 537-Walnut alley

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BIRTH VITAL STATISTICS BALTIMORE CITY JUL 12 1887

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95320.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 7th 1887
4. *Place of Birth (Street and Number),* No 1716 South Charles St
5. *Full Name of Mother,* Lawrenia Simmons
6. *Mother's Maiden Name,* Lawrenia Whroten
7. *Mother's Birthplace,* Dorchester md
8. *Full Name of Father,* Samuel Simmons
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Dorchester md

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1644 South Charles St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 10th
4. *Place of Birth (Street and Number),* 2104 Etting street
5. *Full Name of Mother,* Florence Virginia Brown
6. *Mother's Maiden Name,* " " " " " Charms
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Benjamin Brown
9. *Father's Occupation,* Finger maker
10. *Father's Birthplace,* Tennessee

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson street

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

95322

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, BALTIMORE, JUL 26 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth July 10th 1887
4. Place of Birth (Street and Number) 1805 Jefferson St.
5. Full Name of Mother Bonnie Lynch
6. Mother's Maiden Name Bonnie Byrnes
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joshua W. Lynch
9. Father's Occupation Printer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Geo. S. Lynch M.D.

Address 4 S. Broadway

Remarks

RETURN OF A BIRTH. 95323.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* July 10th, 1887.

4. *Place of Birth, (Street and Number)* 130. Choptank. E. Balto.

5. *Full Name of Mother,* Laura Kemp.

6. *Mother's Maiden Name,* " Baldwin

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Joseph Kemp.

9. *Father's Occupation,* Ship Carpenter.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. M. A. Davenport

Address, 225. S. Ann st

Remarks, Doing well.

HEALTH BALTIMORE MD JUL 16 1887

report its birth to the Commissioner of Health, in the [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the [illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH

95324 (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male John
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 10 1887
4. *Place of Birth (Street and Number),* 325 Madiure Alley
5. *Full Name of Mother,* Annie ~~Waver~~ Weaver
6. *Mother's Maiden Name,* " " ~~Tater~~ Thaler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Crist Waver
9. *Father's Occupation,* Laberer
10. *Father's Birthplace,* City
11. *Name of Medical Attendant,* or other person who makes this Return. Lizy Betz
12. *Address,* 1744 Bank st
13. *Remarks,*

who shall hereafter fail to comply with the [illegible] of the [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95'325'

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 10th 1887

4. *Place of Birth, (Street and Number)* 724 St. Peters St.

5. *Full Name of Mother,* Mary Marmion

6. *Mother's Maiden Name,* Stewart

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred'k A. Marmion

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L E Steele M.D.

Address, 319 W. Monument St.

Remarks,

BOARD OF HEALTH DEPARTMENT AUG

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* July 10'

4. *Place of Birth (Street and Number),* Live born in Hosp. 622 N Somerset

5. *Full Name of Mother,* Emma S Jackson

6. *Mother's Maiden Name,* not known

7. *Mother's Birthplace,* New York

8. *Full Name of Father,* not known

9. *Father's Occupation,* " "

10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Steele M.D.

Address, 219 N. Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95327.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (~~state whether male or~~ female)* — Female

Race or Color, (if not of the white race) White

Date of Birth, July 10th

Place of Birth, (Street and Number) No 618 5th St County

Full Name of Mother, Jennie C. Keyser

Mother's Maiden Name, Jennie C. Roborg

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Richard F. Keyser

9. *Father's Occupation,* Mercantile

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D.

Address, 425 Saratoga St

Remarks, city

HEALTH DEPARTMENT JUL 30 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95328.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race).* White race

3. *Date of Birth,* July the 10

4. *Place of Birth (Street and Number),* Baltimore alive st No 1413

5. *Full Name of Mother,* ida E Butler

6. *Mother's Maiden Name,* Dudrow

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* gorge w Butler

9. *Father's Occupation,* Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light st No 1514

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95329.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 10th 1887

4. *Place of Birth, (Street and Number)* 430 South Parrish st Balto City

5. *Full Name of Mother,* Berthey Atler

6. *Mother's Maiden Name,* " " " Koeler

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* George Atler

9. *Father's Occupation,* Carver

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Mary Kraning

Address, 414 South Strucker st Balto City

Remarks, Mother and Child are doing we [illegible]

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH REGISTRATION DISTRICT BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	10th of July
4. Place of Birth (Street and Number),	Baltimore 2317 Eastern Ave
5. Full Name of Mother,	Ida Virginia Gaudens
6. Mother's Maiden Name,	Ida Virginia Stokes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Watson Gaudens
9. Father's Occupation,	Oyster Packer
10. Father's Birthplace,	New Jersey
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 10th

4. *Place of Birth (Street and Number),* No. 211 Frederick Road.

5. *Full Name of Mother,* Louise Krieg

6. *Mother's Maiden Name,* Louise Goh.

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Fritz Krieg

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Baden Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Bender Midwife

Address, No 211 West Pratt St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95,332.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 10th 1887
5. *Place of Birth, (Street and Number)* 104 S. Paca St.
6. *Full Name of Mother* Margaret Flick
7. *Mother's Maiden Name,* Fenitch
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Wm Flick
10. *Father's Occupation,* Taylor
11. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Dr. W. Gombel

Address, 610 S. Sharp St.

Remarks,

STERN AND STATIONERS

RETURN OF A BIRTH 95333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th July

4. Place of Birth, (Street and Number) 1022 G. Monument St

5. Full Name of Mother, Elizabeth Ward

6. Mother's Maiden Name, " " Fitzpatrick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ward

9. Father's Occupation, Brass Finisher

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden 936 Greenmount Ave

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

RETURN OF A BIRTH

95334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 5 Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 10 of July 1887
4. Place of Birth (Street and Number),	No 1004 Biddle
5. Full Name of Mother,	Anna Anton
6. Mother's Maiden Name,	Anna Heim
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Anton
9. Father's Occupation,	Cutter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mr Ch Lange
Address,	No 1059 Hanford Ave
Remarks,	Bal Md
	1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH, 95335.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third - (Twins)

1. *Sex (state whether male or female)* Male & Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 11th July 1887

4. *Place of Birth, (Street and Number)* 208 N Pine St

5. *Full Name of Mother* Mrs Carrie Hoge -

6. *Mother's Maiden Name* Miss Carrie Gill

7. *Mother's Birthplace* Balto - city

8. *Full Name of Father* Wilson Hoge

9. *Father's Occupation* Clerk - B & O -

10. *Father's Birthplace* Martinsburg West Va

Name of Medical Attendant, or other Person who makes this Return. G B Becker M D

Address 411 W - Saratoga St -

Remarks This woman gave birth to - 2 - healthy Children weighing - One 9 lbs the other 10 lbs

RETURN OF A BIRTH 95336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 11 1887.
4. Place of Birth (Street and Number),	13 Poltney st.
5. Full Name of Mother,	Mary Dietrich
6. Mother's Maiden Name,	Wenger
7. Mother's Birthplace,	Amerida.
8. Full Name of Father,	Joseph Dietrich
9. Father's Occupation,	Broom maker
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohnasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

RECEIVED JUL 13 1887 REGISTRAR'S OFFICE BALTIMORE, MD.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95337.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not~~ of the white race),
3. Date of Birth, July 11th 1887
4. Place of Birth (Street and Number), 1307 John St
5. Full Name of Mother, Florence Eugenia Coale
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph G. Coale
9. Father's Occupation, Lumber Merchant
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Eldridge C. Price

Address, 953 Madison Ave

Remarks, Reported by Elias C Price of E C Price & Son
Myson is out of Town

BALTIMORE, MD. JUL 21 1887

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 11

4. *Place of Birth (Street and Number),* Tue-Sying in Hosp 622 W Somerset

5. *Full Name of Mother,* Annie Missouri

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* not known

9. *Father's Occupation,* " "

10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Monument St

Remarks,

AUG 1 1887

who shall hereafter fail to comply with the provisions of this Return, for each offence, to be recovered as other fines and [illegible] are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white race
3. Date of Birth, July the 11th
4. Place of Birth (Street and Number), Baltimore William St No 1518
5. Full Name of Mother, Clandy E Brown
6. Mother's Maiden Name, guest
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brown
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light St No 1514

Remarks.

HEALTH DEPARTMENT JUL 26 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), —
3. Date of Birth, July 11 1887
4. Place of Birth (Street and Number), 6 Irving Place
5. Full Name of Mother, Caroline Elizabeth McCullough
6. Mother's Maiden Name, " " Brumfield
7. Mother's Birthplace, Port Deposit, Cecil Co. Md.
8. Full Name of Father, Edward Rowley McCullough
9. Father's Occupation, Mariner
10. Father's Birthplace, Port Deposit Cecil Co. Md.

Name of Medical Attendant, or other person who makes this Return. G. Glanville Rushford

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BEALTH DEPARTMENT, JUL 20 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95341.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 na
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	July 11th
4. *Place of Birth (Street and Number),*	503 Orchard st
5. *Full Name of Mother,*	Matilda Owens
6. *Mother's Maiden Name,*	Tyler
7. *Mother's Birthplace,*	Baltimore Co
8. *Full Name of Father,*	Charle Owens
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	West Rosser,
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Johnson
Address,	710 Tyson street
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 11th day of July

4. Place of Birth (Street and Number), Luperne Street, 608

5. Full Name of Mother, Mary Elebath Worsham

6. Mother's Maiden Name, Porter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert O Worsham

9. Father's Occupation, laber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 patterson park Avenue

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	July 11th 1887
4. *Place of Birth (Street and Number),*	640 St Mary's street
5. *Full Name of Mother,*	Julia Mason
6. *Mother's Maiden Name,*	Julia Harris
7. *Mother's Birthplace,*	Easton Maryland
8. *Full Name of Father,*	John H Mason
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Carroll County Md
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	509 Preston st
Remarks,	Formerly 434 E. monument st

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 11th 1887
4. *Place of Birth (Street and Number).*	Canton ave No
5. *Full Name of Mother,*	Lizzie A Hemer
6. *Mother's Maiden Name,*	Lizzie A Martini
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry W. Hemer
9. *Father's Occupation,*	Laboring
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95346

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 11 1887 6 am

4. *Place of Birth, (Street and Number)* Baltimore Street 1744 Orleans St

5. *Full Name of Mother,* Priscila Barrett

6. *Mother's Maiden Name,* Priscila Kass

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Samuel J Barrett

9. *Father's Occupation,* Lumber Wagon driver

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Miss Georgia Walk

Address, No 1 Bethel St Between Baltimore Lombard St

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95346.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 childe

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 11 1887

4. Place of Birth, (Street and Number) 61 burke st

5. Full Name of Mother, willemine hendres

6. Mother's Maiden Name, willemines ebbighous

7. Mother's Birthplace, baltimore st

8. Full Name of Father, william hendres

9. Father's Occupation, labrer

10. Father's Birthplace, germany

Name of Medical Attendant, or other Person who makes this Return. Racel a tyler

Address, 710 burke st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 13 1887 BALTIMORE CITY

City Printers and Stationers

RETURN OF A BIRTH

95347.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* M
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* July 11th 1887
4. *Place of Birth (Street and Number),* 1720 John St
5. *Full Name of Mother,* Fannie O'Connell
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,*
8. *Full Name of Father,* Chas O'Connell
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr R. Winslow

Address, 1 Mount Royal Terrace

Remarks,

JUL 19 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 98348.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child.

Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, 12. of July. 1887.

4. Place of Birth, (Street and Number) Mullikin st No. 1632.

5. Full Name of Mother, Sallie. Lizon.

6. Mother's Maiden Name, Sallie Skellam.

7. Mother's Birthplace, Richmond. Va.

8. Full Name of Father, George Lizon.

9. Father's Occupation, Oyster Shucker.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Sarkie Tomlin.

Address, No. 134 Chesnut. st,

Remarks, Baltimore. Md.

for each child to be recorded as other Births are recorded.

BALTIMORE, MD. 1887

RETURN OF A BIRTH 95349.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	12 July
4. *Place of Birth, (Street and Number)*	No 410 Dolphin St.
5. *Full Name of Mother,*	Clara Bies
6. *Mother's Maiden Name,*	Clara Carr
7. *Mother's Birthplace,*	John J Carr
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation,*	Labor work
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Waller
Address,	# 503 North Carolina St.
Remarks,	

For each child to be recorded in other lines and not in this one.

RETURN OF A BIRTH 95350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 16 1887, BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 12th 1887
4. Place of Birth (Street and Number),	1103 Sharp St
5. Full Name of Mother,	Mary Ulrich
6. Mother's Maiden Name,	" , Fair
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Joseph Ulrich
9. Father's Occupation,	Wood Turner
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Theodore Oyke M.D.
Address,	515 Hanover St Rm L.B
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95351.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, July 12th 187

4. Place of Birth (Street and Number), 135 Penn Alley

5. Full Name of Mother, Ella Dixon

6. Mother's Maiden Name, Ella Bantum

7. Mother's Birthplace, Talbott County Md

8. Full Name of Father, Wm Dixon

9. Father's Occupation, Waiter

Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Hester Colance

Address, 509 Preston St

Remarks, Formerly 434 E monument St

HEALTH DEPARTMENT, AUG 1 1897, BALTIMORE, MD.

Who shall hereafter fail to comply with [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] recoverable.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95352.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Female

Race or Color (if not of the white race),

3. Date of Birth, July 12 1897

4. Place of Birth (Street and Number), 2224 Canton Avenue

5. Full Name of Mother, Lizzy Black

6. Mother's Maiden Name, " " Bulett

7. Mother's Birthplace, City

8. Full Name of Father, John Black

9. Father's Occupation, Laberer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Bitz

Address, 1744 Bank st

Remarks,

HEALTH DEPARTMENT, AUG 1897, BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	12 of July
4. Place of Birth (Street and Number),	1004 Hanover st Balto cty
5. Full Name of Mother,	Mrs R. H. Nickels
6. Mother's Maiden Name,	C. Minger
7. Mother's Birthplace,	Baltimore cty md
8. Full Name of Father,	Ralph. Nickels
9. Father's Occupation,	House & Sign Painter
10. Father's Birthplace,	Baltimore cty Md
Name of Medical Attendant, or other person who makes this Return.	Kathrin Munch
Address,	800 Leadenhall St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95354.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, July 12. 1887

4. Place of Birth (Street and Number), 15 & 17 ~~th~~ Centre Market Space

5. Full Name of Mother, Mrs. Elizabeth Fries

6. Mother's Maiden Name, Miss Elizabeth Maurer

7. Mother's Birthplace, Baden Germany

8. Full Name of Father, Samuel Fries

9. Father's Occupation, Restaurateur

10. Father's Birthplace, Reisterstown Md.

Name of Medical Attendant, or other person who makes this Return. G. Glanville Rush M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT, JUL 20 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 12th

4. *Place of Birth, (Street and Number)* 1100 Frankmont Avenue

5. *Full Name of Mother,* Annie M Buckler

6. *Mother's Maiden Name,* Annie M Holmes

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* Jas Giffen Buckler

9. *Father's Occupation,* Metal Worker & Spinner

10. *Father's Birthplace,* Philadelphia Penna

Name of Medical Attendant, or other Person who makes this Return.

Address, 936 for Medical Attendence Mrs Wade

Remarks, Green Mount Avenue

BOARD OF HEALTH DEPARTMENT JUL 17 BALTIMORE CITY

For each offense to be recovered as other fines and forfeitures are recoverable.

(City Printers and Stationers)

RETURN OF A BIRTH 95356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1887
4. *Place of Birth, (Street and Number)* 108 Penn. St.
5. *Full Name of Mother,* Agatha C. Nolan
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* William Nolan
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. H. N. Hepburn M.D.

Address, 814 W. Lombard St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

JUL 22 1887 BALTIMORE

o., City Printers and Stationers.

RETURN OF A BIRTH 95357.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Tuesday July 12th

4. Place of Birth, (Street and Number) Baltimore Courtland st 322.

5. Full Name of Mother, Zillie Thomas Smith

6. Mother's Maiden Name, Zillie Thomas

7. Mother's Birthplace, Hollidaysburg Pa

8. Full Name of Father, John Wealthy Smith

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones

Address, 515 Hargrove Alley

Remarks,

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95358.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

Sex (state whether male or ~~female~~),

2. Race or ~~Color~~ (if not of the white race),

3. Date of Birth, 12 of July

4. Place of Birth (Street and Number), 838 S. Sharp

5. Full Name of Mother, Mary Ortman

6. Mother's Maiden Name, Strohman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William George Ortman

9. Father's Occupation, Shoe Cutter

10. Father's Birthplace, Baltimore "

Name of Medical Attendant, or other person who makes this Return. Katarin Munch

Address, 800 Leadenhall St

Remarks,

HEALTH DEPARTMENT, AUG 1 1888 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95359.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Polish

3. Date of Birth, 12th July 1887

4. Place of Birth, (Street and Number) 1033 Fort Ave

5. Full Name of Mother, Annie Darkness

6. Mother's Maiden Name, Sacenlosky

7. Mother's Birthplace, Germany

8. Full Name of Father, Gosner Darkness

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. E. Zewell

Address, 516 Fort Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 1887 BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH 95360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, July 12 — 1887

4. Place of Birth (Street and Number), 900 Sharp st

5. Full Name of Mother, Anna Coop

6. Mother's Maiden Name, Heckmann

7. Mother's Birthplace, America

8. Full Name of Father, Louis Coop

9. Father's Occupation, Clerk

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife

Address, 1032 Hanover st.

Remarks,

who shall hereafter fail to comply with the provisions of this section and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-25-52

RETURN OF A BIRTH

95361.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dora Trust Harig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 13 1887.
4. Place of Birth (Street and Number),	104 West st.
5. Full Name of Mother,	Dora (~~Harig~~) Harig
6. Mother's Maiden Name,	(~~Hopkins~~) Marsden
7. Mother's Birthplace,	America
8. Full Name of Father,	George (~~Harig~~) Harig
9. Father's Occupation,	Cabinet maker
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmuller Midwife
Address,	1132 Hanover st.
Remarks,	

BALTIMORE DEPARTMENT OF HEALTH JUL 20 1887

Who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) female

Race or Color, (if not of the white race) color

Date of Birth, 13 July

Place of Birth, (Street and Number) 124 Little Pine Street

Full Name of Mother, Elizzie Smith

Mother's Maiden Name, Richmond Co Va Elizzie Carter

Mother's Birthplace, Richmond Co Va

Full Name of Father, Tommie Smith

Father's Occupation, Farmer

Father's Birthplace, North Hampton Va

Name of Medical Attendant, or other Person who makes this Return. Callistis cook

Address, 10 E Shearwin Alley

Remarks,

HEALTH DEPARTMENT
JUL 20 1897
BALTIMORE, MD

for each offense to be recovered as other fines and forfeitures

RETURN OF A BIRTH 95363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 13 1887.
4. Place of Birth (Street and Number),	1450 Johnson st.
5. Full Name of Mother,	Maria Reddish.
6. Mother's Maiden Name,	Williams
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Reddish.
9. Father's Occupation,	Oyster and fruit packer.
Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95364.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	
Date of Birth,	13th of July 1887
Place of Birth, (Street and Number)	Baltimore 226 Lexington st
Full Name of Mother,	Pauline Wenzing
Mother's Maiden Name,	Pauline Peterson
Mother's Birthplace,	Washington
Full Name of Father,	Otto Wenzing
Father's Occupation,	Dyeing & Finishing
Father's Birthplace,	Staumburg Lippe Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Cross
Address,	128 S. Poppleton new no. 413.
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 95365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* 13 of July 1887

4. *Place of Birth, (Street and Number)* 112 East Street

5. *Full Name of Mother,* Mary Dixon

6. *Mother's Maiden Name,* Mary Tenney

7. *Mother's Birthplace,* Baltimore M. D.

8. *Full Name of Father,* Daniel Dixon

9. *Father's Occupation,* Oyster Shucker

10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return Dorkie Tomlin

Address, # 134 Chesnut Strut

Remarks, Baltimore M. D.

RETURN OF A BIRTH. 95366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colord mother & father

3. Date of Birth, July 13th 1887

4. Place of Birth, (Street and Number) Balto 8.11 McDonough st

5. Full Name of Mother, Amirta Askins

6. Mother's Maiden Name, Mirta Hilliard

7. Mother's Birthplace, Baltomore

8. Full Name of Father, Bee Kuttlar

9. Father's Occupation, work in the brick yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizebeth Mendoney

Address, 102 Durham st beween fayette & Fairmont av

Remarks,

BALTIMORE, MD. HEALTH DEPARTMENT, JUL 18 1887

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95367.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 13 Juli

4. Place of Birth, (Street and Number) 607 Durham Street

5. Full Name of Mother, Wilhelmine Schaen

6. Mother's Maiden Name, Brozowskij

7. Mother's Birthplace, Marienwerde Germany

8. Full Name of Father, Carl Brozowskij

9. Father's Occupation,

10. Father's Birthplace, Marienwerde

Name of Medical Attendant, or other Person who makes this Return Marie Güttner

Address, 928 S. Wolfe Street.

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 13"

4. *Place of Birth (Street and Number),* In Lying in Hosp 622 N. Howard

5. *Full Name of Mother,* Mary Gerstenmeier

6. *Mother's Maiden Name,* Not known

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Not known.

9. *Father's Occupation,* " .

10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, 319 N. Eutaw St

Remarks,

for each offence, to be recovered as other fines and forf

BALTIMORE MD.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, July th 13th
4. Place of Birth (Street and Number), Chapel st No 1304
5. Full Name of Mother, Mary Clark Unmarried.
6. Mother's Maiden Name, Mary Clark
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Charlie Jones
9. Father's Occupation, Gentlemans Vally
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bruns

Address, 1600 N. Chester st Belair Ave

Remarks,

Premature 7 months

HEALTH BALTIMORE MD JUL 16 1887

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 95370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1887
4. Place of Birth, (Street and Number) Baltimore Light St No 183
5. Full Name of Mother, Bridget Anne Wilmer
6. Mother's Maiden Name, Bro Anne Stewart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos. Jones Wilmer
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Alexander Tuller

Address, No. 1828 Light St

Remarks.

JUL 10 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable

..., City Printers and Stationers.

RETURN OF A BIRTH 96371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 13th

4. Place of Birth (Street and Number), 639 Poca Street

5. Full Name of Mother, Helen Andrews

6. Mother's Maiden Name, Sunberman

7. Mother's Birthplace, Louisana

8. Full Name of Father, S F Andrews

9. Father's Occupation, undertaker

10. Father's Birthplace, Louisanna

Name of Medical Attendant, or other person who makes this Return. Anni Johnson

Address, 710 Pyan street

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ning Co., City Printers and Stationers

RETURN OF A BIRTH.

95372.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (State whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 13th 1887

4. *Place of Birth (Street and Number)* 706 N Bond St

5. *Full Name of Mother* Elizabeth Becker

6. *Mother's Maiden Name* Elizabeth König

7. *Mother's Birthplace* Baltimore City Md

8. *Full Name of Father* August Becker

9. *Father's Occupation* Carriage Maker

10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. I Edward Turley

Address 645 Columbia Avenue

Remarks

RETURN OF A BIRTH 95373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 13th January

4. *Place of Birth (Street and Number),* 1816 Fred Ricke Ave.

5. *Full Name of Mother,* Emma Jane Bromwell

6. *Mother's Maiden Name,* Emma Jane Boyle

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* John Thomas Bromwell

9. *Father's Occupation,* Sail Maker

10. *Father's Birthplace,* Norfolk Va.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 13 – 1887
4. *Place of Birth (Street and Number),*	1102 Penna Ave Balto Md
5. *Full Name of Mother,*	Annie Virginia Switzer
6. *Mother's Maiden Name,*	Chapman
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Geo Herman Switzer
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	1102 Penna Ave Balto Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

MORE MD.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 13/87
4. *Place of Birth, (Street and Number)* 1809 Gough St
5. *Full Name of Mother,* Mary E. Sellman
6. *Mother's Maiden Name,* " " Boss
7. *Mother's Birthplace,* B-C.
8. *Full Name of Father,* John H. Sellman
9. *Father's Occupation,* Dennis
10. *Father's Birthplace,* B-C.

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkins

Address, 226 S. Bdy

Remarks,

HEALTH DEPARTMENT JUL 16 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95376)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 13 87

4. Place of Birth, (Street and Number) 1409 Hollins st

5. Full Name of Mother, Jennie Henderson

6. Mother's Maiden Name, Jennie Sudan

7. Mother's Birthplace, Balto

8. Full Name of Father, Benj Henderson

9. Father's Occupation, Clerk

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return J H Patterson

Address, 102 Franklin

Remarks,

any person or persons who shall hereafter fail to comply with the requirements of this section shall be subject to a fine of ten dollars for each offence, to be recoverable.

RECEIVED JUL 14 1887 REGISTRAR OF VITAL STATISTICS BALTIMORE CITY

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

95377.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 July 1887
4. *Place of Birth, (Street and Number)* 218 Camden St
5. *Full Name of Mother,* Mary A. Eaton
6. *Mother's Maiden Name,* Mary A. McCook.
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* George T. Eaton
9. *Father's Occupation,* Herbs, Healer
10. *Father's Birthplace,* Newyork.

Name of Medical Attendant, or other Person who makes this Return Mrs R Goldsmith

Address, New No 301 Shark St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 95378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), female

2. Race or Color (if not of the white race),

3. Date of Birth, July 14"

4. Place of Birth (Street and Number), Tree Lying in Hosp. 622 W Lombard St.

5. Full Name of Mother, Nannie Allen

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Va

8. Full Name of Father, Not known.

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. C. Neale M.D.

Address, 319 W. Hoffman St.

Remarks,

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95379.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 14

4. *Place of Birth (Street and Number),* 605 Scott

5. *Full Name of Mother,* Anna Mc E. Townsend

6. *Mother's Maiden Name,* Anna Mc E. Busch

7. *Mother's Birthplace,* Hanover Germany

8. *Full Name of Father,* Joseph S Townsend

9. *Father's Occupation,* Police Off

10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs Mink

Address, 800 Leadenhall St (Carlton Hotel)

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 July

4. Place of Birth (Street and Number), 603 Port Helen

5. Full Name of Mother, Magdalene Nass

6. Mother's Maiden Name, — Vondra

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wiliam Nass

9. Father's Occupation, Labeln

10. Father's Birthplace, Wilhelmsdorf Persuien (Germ)

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St. Canton

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95381,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 14th 1887

4. *Place of Birth, (Street and Number)* 1012 W Fayette St

5. *Full Name of Mother,* Mary M. Palmer

6. *Mother's Maiden Name,* Mary M. Spatzler

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Daniel Palmer

9. *Father's Occupation,* Mechanic

Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. R. Shimer MD

Address, 203 N. Carey St

Remarks,

JUL 27 1887 BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH. 95382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 14
4. Place of Birth, (Street and Number) 1140 Johnson St.
5. Full Name of Mother, Louis Floyd.
6. Mother's Maiden Name, Howard.
7. Mother's Birthplace, Jersey city.
8. Full Name of Father, Charles Floyd
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Scarborough

Address, 15 E. Montgomery St.

Remarks, "

REGISTERED JUL 18 1887 BALTIMORE MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, July 14th 1887

4. Place of Birth, (Street and Number) 513 N. Schroeder st

5. Full Name of Mother, Mary L. Foster

Mother's Maiden Name, " " Sibley

Mother's Birthplace, Virginia

8. Full Name of Father, Enos Foster

9. Father's Occupation, First Officer on Steamboat

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Jas. E. Gibbons M.D.

Address, 833 Edmondson ave

Remarks,

HEALTH DEPARTMENT JUN 28 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 95384.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, JUL 20 1888 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 14 — 1887
4. Place of Birth (Street and Number),	1402 Olive st.
5. Full Name of Mother,	Carrie Zimmermann
6. Mother's Maiden Name,	Botz
7. Mother's Birthplace,	America
8. Full Name of Father,	Herman Zimmermann
9. Father's Occupation,	Shoe maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

CHILD'S NAME ADDED 9-16-53

RETURN OF A BIRTH

95388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Karschman Baum III

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), —

3. Date of Birth, July 14. 1887

4. Place of Birth (Street and Number), 2246 E. Fayette St.

5. Full Name of Mother, Sara Baum

6. Mother's Maiden Name, Sara Rosenstock

7. Mother's Birthplace, Germany

8. Full Name of Father, Rosenwald Baum

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. G. Glanville Koch M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95386.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Third
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 14. 1887
4. *Place of Birth (Street and Number),*	N. F. 35.
5. *Full Name of Mother,*	Mary Scarborough
6. *Mother's Maiden Name,*	" Repp
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm H. Scarborough
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Marie Bell
Address,	S. Bond Str. 830. Md. Baltimore.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 2

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth.* July 14 1887

4. *Place of Birth, (Street and Number)* 227 burke st

5. *Full Name of Mother.* matilda mansion

6. *Mother's Maiden Name,* matilda spencer

7. *Mother's Birthplace.* baltimore city

8. *Full Name of Father.* george mansion

9. *Father's Occupation.* laborer

10. *Father's Birthplace,* baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel a tyler

Address. 107 burke st

Remarks.

for each offense to be recovered as other fines are recoverable

...., City Printers and Stationers.

RETURN OF A BIRTH 95388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male,
2. Race or Color (if not of the white race), —
3. Date of Birth, July 14. 1887
4. Place of Birth (Street and Number), 1013 E. Monument St.
5. Full Name of Mother, Ella Elliott
6. Mother's Maiden Name, Ella Davis
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, John Elliott
9. Father's Occupation, Cotton Broker
10. Father's Birthplace, Ireland
11. Name of Medical Attendant, or other person who makes this Return. G. Glanville, Lucky Md.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BEARING OF BIRTHDAY JUL 27 1887 BALTIMORE, MD.

...shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95389.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 14th 1887.

4. Place of Birth, (Street and Number) 153 old 1013 New Warner St

5. Full Name of Mother, Emma J. Chase.

6. Mother's Maiden Name, Emma J. Thomas

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Samuel W. Chase Jr

9. Father's Occupation, Coachman.

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return.

Address, Nelly Gross

Remarks, 229 York St

HEALTH DEPARTMENT JUL 18 1887 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH 95390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	14 of July
4. *Place of Birth (Street and Number),*	806 Chesapeake St
5. *Full Name of Mother,*	Mary Parson.
6. *Mother's Maiden Name,*	Mary Grady.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James. Parson.
9. *Father's Occupation,*	Can maker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary L Swamyer
Address,	726 Luzerne st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sit

1. *Sex, (state whether male or female)* Mail

2. *Race or Color, (if not of the white race)* Colard

3. *Date of Birth,* July 14 / 87

4. *Place of Birth, (Street and Number)* 122 N. mountgomery St

5. *Full Name of Mother,* Sharlatt Smith

6. *Mother's Maiden Name,* Shurlett Hastings

7. *Mother's Birthplace,* Surry Co Va

8. *Full Name of Father,* William H Smith

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarow Wilson

Address, 115 Hughest St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the first

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 14th,

4. Place of Birth, (Street and Number) 608 Chester Str,

5. Full Name of Mother, Johanna Streb

6. Mother's Maiden Name, Ackermann

7. Mother's Birthplace, Germany

8. Full Name of Father, George Peter Streb

9. Father's Occupation, Brassfinisher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Marie Meier

Remarks, c/o 620 Chester Str. City

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

95393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, July 14th/87.
4. Place of Birth (Street and Number), 963 George St.
5. Full Name of Mother, Helen M. L. Reese.
6. Mother's Maiden Name, Helen M. L. Geard.
7. Mother's Birthplace, Buffalo, N.Y.
8. Full Name of Father, Samuel H. Reese.
9. Father's Occupation, Proof Reader.
10. Father's Birthplace, Dinwiddie Co. Va.

Name of Medical Attendant, or other person who makes this Return. John J. R. Krozer, M.D.

Address, 662 W. Lexington St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 15 1887 BALTIMORE, MD.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95394.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Cold

3. Date of Birth, July 15 87

4. Place of Birth (Street and Number), Fort Parish Al

5. Full Name of Mother, Sarah Warren

6. Mother's Maiden Name, Sarah Washington

7. Mother's Birthplace, Va

8. Full Name of Father, Wm Warren

9. Father's Occupation, Laborer

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

JUL 22 1887

BALTIMORE MD.

...the Commissioner of Health, in the manner and form of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 July 887
4. *Place of Birth (Street and Number),* 602 South Bethel St
5. *Full Name of Mother,* Mary Volk
6. *Mother's Maiden Name,* Mary Hudeak
7. *Mother's Birthplace,* Bosnia
8. *Full Name of Father,* Laoton Volek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptsel

Address, 609 N Washington St

Remarks,

for each offence, to be recovered as other fines and penalties are recoverable.

JUL 30 1887 BALTIMORE

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 July 1887
4. *Place of Birth (Street and Number),* 310 S Register St
5. *Full Name of Mother,* Mary Rumell
6. *Mother's Maiden Name,* Mary Rumell
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Rumell
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return Mary Koftish

Address, 509 N Washington St

Remarks,

JUL 30 1887 BALTIMORE MD

the Commissioner of Health, in the manner and within the period [illegible] red, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 95397.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5 July 1867
4. *Place of Birth (Street and Number),* 420 N Patterson Park ave
5. *Full Name of Mother,* Mary Lucking
6. *Mother's Maiden Name,* Mary Lucking
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Lucking
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Kapfish

Address, 509 N Washington ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

JUL 30 1867

BALTIMORE

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 July 1887
4. *Place of Birth (Street and Number),* 1200 Chew St
5. *Full Name of Mother,* Mary Wist
6. *Mother's Maiden Name,* Mary Rathamee
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Rathamee
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N ~~White~~ Washington st

Remarks,

HEALTH BALTIMORE CITY JUL 30 1887

for each offence, to be recovered as other fines and ... are recovered

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 15 1887
4. Place of Birth (Street and Number), Baltimore 916 West Lombard St
5. Full Name of Mother, Sarah Elem Bowers
6. Mother's Maiden Name, Sarah E Flannery
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George W Bowers
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

HEALTH DEPARTMENT, JUL 16 1887 BALTIMORE, MD.

...ishing Co., City Printers and Stationers.

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH.

95400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Adeline Anna Bruggeman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth July 15/87
4. Place of Birth, (Street and Number) 820 N. Howard
5. Full Name of Mother, Barbara Bruggeman
6. Mother's Maiden Name, Zimmerman
7. Mother's Birthplace, Balt.
8. Full Name of Father, Otto Brüggeman
9. Father's Occupation, Mechanic
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. R. Morgan

Address, 315 W Monument St.

Remarks,

HEALTH DEPARTMENT, JUL 18 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 15 1887.
4. Place of Birth (Street and Number),	1117 Koch Alley
5. Full Name of Mother,	Augusta Koch.
6. Mother's Maiden Name,	Kuehn
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Julius Koch
9. Father's Occupation,	Chimney sweeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	G. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	

BALTIMORE MD. JUL 20 1887

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95402

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 15th
4. Place of Birth (Street and Number)	209 S Ivy Alley
5. Full Name of Mother	Louisa Johnson
6. Mother's Maiden Name	" " Gosler
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Sabastial Wilmore Johnson
9. Father's Occupation	Music Teacher
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Jas. D. Carter
Address	#10. Hamilton St.
Remarks	

HEALTH DEPARTMENT BALTIMORE CITY

RETURN OF A BIRTH 95403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 15 1887

4. *Place of Birth, (Street and Number)* 2313 Alsan St

5. *Full Name of Mother,* Catey Jones

6. *Mother's Maiden Name,* Catey Jones

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* George Jones

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Rachel Ann Tyler

Address, 107 Burke St

Remarks,

For each child to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95404.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 15th
4. Place of Birth, (Street and Number) #17 Stockton St.
5. Full Name of Mother, Martha E. Hicks
6. Mother's Maiden Name, " " Parker
7. Mother's Birthplace, Colbert Co. Md.
8. Full Name of Father, Geo Maddox
9. Father's Occupation, Farmer
10. Father's Birthplace, Anne Arundel Co

Name of Medical Attendant, or other Person who makes this Return John S. Huck MD

Address, Argyle Ave & Townsend St

Remarks,

HEALTH DEPARTMENT, JUL 19 1897 BALTIMORE

NTERS AND STATIONERS

RETURN OF A BIRTH. 95406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2

Sex, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Colored.

3. *Date of Birth* ~~128 W. Monument St~~, July 15

4. *Place of Birth*, (*Street and Number*) 128 Monument St.

5. *Full Name of Mother*, Lula Chandler.

6. *Mother's Maiden Name*, Floyd.

7. *Mother's Birthplace*, Fortress Monroe.

8. *Full Name of Father*, James Chandler.

9. *Father's Occupation*, Driver

Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough.

Address, 15 Mintgomery St.

Remarks,

or persons who shall neglect or fail to comply with the provisions of this Act, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 15 of July 1887

4. Place of Birth (Street and Number), No 427 Mulberry St

5. Full Name of Mother, Mary Dubrosch

6. Mother's Maiden Name, Mary Fischer

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhardt Dubrosch

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr Ch Sauer

Address, No 1059 Hanford Ave

Remarks, Bal Md

1887

BEALTH JUL 19 1887 BALTIMORE MD

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 95407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	15. of July
4. Place of Birth (Street and Number),	7.9.23. Shudron. st
5. Full Name of Mother,	Permelia Cumberland
6. Mother's Maiden Name,	Permelia Wicks
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William Cumberland.
9. Father's Occupation,	Can maker.
10. Father's Birthplace,	New york.
Name of Medical Attendant, or other person who makes this Return.	Mary Le Swayne
Address,	726 luzerne st
Remarks,	g

for each offence, to be recovered as other fines are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95408.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 13th 1887

4. Place of Birth (Street and Number), 905 Russell St

5. Full Name of Mother, Anna E. Cumphay

6. Mother's Maiden Name, " " Allen

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Thos H. Cumphay

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Oroka M.D.

Address, 57 Hanover St. Lt. B

Remarks,

HEALTH DEPARTMENT, 1887 BALTIMORE MD.

For each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH. 95409.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Cold

Date of Birth Friday July 15th 87

Place of Birth, (Street and Number) 1416. Jefferson St

Full Name of Mother, Rebecca Slocum

6. Mother's Maiden Name, Rebecca Hughes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. G. Slocum

9. Father's Occupation, Waiter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elsmith M W

Address, Park Ave & Mulberry St

Remarks,

HEALTH DEPARTMENT JUL 18 1887 BALTIMORE MD

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95410.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), White

3. Date of Birth, 15th of July 1887.

4. Place of Birth (Street and Number), 230 Orlean street.

5. Full Name of Mother, Maggie Dounce

6. Mother's Maiden Name, Maggie Lamper

7. Mother's Birthplace, ~~Whycomm~~ Baltimore.

8. Full Name of Father, John Lamper.

9. Father's Occupation, Steaver door

10. Father's Birthplace, Whycommelton County.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel street per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT JUL 18 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH

98411.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 15th 87
4. Place of Birth (Street and Number),	225 Mary St
5. Full Name of Mother,	Kate F. Lucas
6. Mother's Maiden Name,	Kate F. Whiteley
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wm C. Lucas
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Susan Stuntz
Address,	23 N Payrolton St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 15 1897
4. Place of Birth (Street and Number),	(New) 1101 412 N. Spnd
5. Full Name of Mother,	Mary V. Bryan
6. Mother's Maiden Name,	Mary V. Richardson
7. Mother's Birthplace,	Horchester Co. Md.
8. Full Name of Father,	Isaac R. Bryan.
9. Father's Occupation,	Foreman
10. Father's Birthplace,	Rocky Mount Edgecombe Co N.C.
Name of Medical Attendant, or other person who makes this Return.	Susan Stuntz.
Address,	23 N Poppleton St
Remarks,	

g Co., City Printers and Stationers.

RETURN OF A BIRTH 95413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 15 1887

4. Place of Birth, (Street and Number) Hat in hall 27 S 07

5. Full Name of Mother, Cintrita Thomas

6. Mother's Maiden Name, Cintrita Carsey

7. Mother's Birthplace, Somerset County Va

8. Full Name of Father, James Thomas

9. Father's Occupation, Brick Dresser

10. Father's Birthplace, Alcomac Cova.

Name of Medical Attendant, or other Person who makes this Return. Dark Jane Wilson

Address, Hopkins Street 115

Remarks,

HEALTH DEPARTMENT, JUL 15 1887 BALTIMORE, MD.

, City Printers and Stationers.

RETURN OF A BIRTH 95414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

Sex, (state whether male or female) male.

2. *Race or Color, (if not of the white race)* Col.

3. *Date of Birth,* July 10, 1887.

4. *Place of Birth, (Street and Number)* #538 Biddle st

5. *Full Name of Mother,* Lavinia Collins

6. *Mother's Maiden Name,* Lavinia Nelson

7. *Mother's Birthplace,* Howard Co. Md.

8. *Full Name of Father,* Joseph Henry Collins

9. *Father's Occupation,* Bathtyman

10. *Father's Birthplace,* Leonardtown Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Fossett.

Address, #546 Biddle St.

Remarks,

...City Printers and Stationers.

RETURN OF A BIRTH 95415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	16th July
4. Place of Birth (Street and Number),	126 Little Gough st.
5. Full Name of Mother,	Anna Louise
6. Mother's Maiden Name,	Rashford
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Louise
9. Father's Occupation,	Laggsler
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 S. Lemdale st.
Remarks,	

for each offence, to be recovered as other fines are by law.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	July 16 1897
4. *Place of Birth (Street and Number),*	385 Orchard street
5. *Full Name of Mother,*	Mary Jenkins
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm Jenkins
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Carroll County, Md
Name of Medical Attendant, or other person who makes this Return.	Hester Colebree
Address,	508 Preston st
Remarks,	Lately Removed from 434 E monument st

BALTR. DEPARTMENT OF HEALTH BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95417.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex, (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 16 - 87
4. Place of Birth (Street and Number),	604 S Eden St
5. Full Name of Mother,	Ida. M. Peacock
6. Mother's Maiden Name,	" " Whiteley
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Francis A. Peacock
9. Father's Occupation,	Huckster
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	92 McDonogh St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

95418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 11/11

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 16th 1887
4. *Place of Birth (Street and Number),* old 21 E. Pratt St
5. *Full Name of Mother,* Lena Schwinn
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schwinn
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E. M. Free

Address, 602 N. Carey St. N. Free M.D.

Remarks, Weight of babe 13 lbs

HEALTH DEPARTMENT JUL 23 1887 BALTIMORE, MD.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 95419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4" child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 16/87
4. Place of Birth (Street and Number), 14 S. Washington St.
5. Full Name of Mother, Lillie Lee Roberts
6. Mother's Maiden Name, " " Della
7. Mother's Birthplace, Alexandria Va.
8. Full Name of Father, J. H. Roberts
9. Father's Occupation, Mariner
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 So Broadway

Remarks, ////

BEALTH DEPARTMENT JUL 25 1887 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

Sex (~~state whether~~ male ~~or female~~),

2. Race or Color ~~(if not~~ of the white race),

3. Date of Birth, July 16th 1887

4. Place of Birth (Street and Number), 1729 E Baltimore St

5. Full Name of Mother, Florence C Meltee

6. Mother's Maiden Name, Meyers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Milton Howard Meltee

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elias C Price M.D.

Address, 953 Madison Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 95421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Fifth Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 16th 1887.
4. Place of Birth (Street and Number),	5009 Bond st.
5. Full Name of Mother,	Mary Hopkins
6. Mother's Maiden Name,	" Ernst
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John I. Hopkins
9. Father's Occupation,	Engineer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

ng Co., City Printers and Stationers

RETURN OF A BIRTH 95422.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
Sex (state whether male or female),	Little Boy.
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	Born July 16th 1897.
4. Place of Birth (Street and Number),	No 2127 Pring St.
5. Full Name of Mother,	Mrs Carline Koslowski
6. Mother's Maiden Name,	Mrs Carline Klaus
7. Mother's Birthplace,	West Preussen. Germany
8. Full Name of Father,	Mr. Ferdinad Koslowshie
9. Father's Occupation,	Watchman
10. Father's Birthplace,	West. Preussen. Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller.
Address,	2127. West Pratt Str.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95423.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 16 87
4. *Place of Birth, (Street and Number)*	923 E. Madison St
5. *Full Name of Mother,*	Ella Traffley
6. *Mother's Maiden Name,*	" Groom
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm. Traffley,
9. *Father's Occupation,*	Base Ball Player.
10. *Father's Birthplace,*	U.S.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson MD
Address,	715 Greenmt Ave
Remarks,	

AUG 4 1887 BALTIMORE MD

RETURN OF A BIRTH

95424.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Jewish

3. *Date of Birth,* 16 July

4. *Place of Birth (Street and Number),* 195 Front st.

5. *Full Name of Mother,* Beckie Cohn

6. *Mother's Maiden Name,* " Levinsky

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Harris Cohn

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1802 Holland st

Remarks,

ning Co., City Printers and Stationers.

RETURN OF A BIRTH 95425.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

Sex, (state whether male or female) Meale

Race or Color, (if not of the white race) Colareer

Date of Birth, July 16

Place of Birth, (Street and Number) Cornelian Court 711

Full Name of Mother, Martha Wellsey

Mother's Maiden Name, Martha Reed

Mother's Birthplace, Ephersville's Baltimore County

Full Name of Father, Thomas Wellsey

Father's Occupation, White Washer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Ethel Cook

Address, 108 Shirley

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY JUL 26 1907

Lith. Printers and Stationers

RETURN OF A BIRTH 95426.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, July 16 1857

4. Place of Birth, (Street and Number) Montgomery street 123

5. Full Name of Mother, Laura Ella Gertrude Long

6. Mother's Maiden Name, Laura Ella Gertrude Hays

7. Mother's Birthplace, 209 Hamburg street

8. Full Name of Father, Garden Henry Long

9. Father's Occupation, Farmer

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Willie Grose

Address, 229 York street

Remarks,

HEALTH DEPARTMENT BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 95427.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 16/87
4. *Place of Birth, (Street and Number)* 217 S. Bond St
5. *Full Name of Mother,* Mary E. Johnson
6. *Mother's Maiden Name,* " " Horst
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* James D. Johnson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. G. L. Mitchell

Address, 226 S. Bldg

Remarks,

HEALTH DEPARTMENT JUL 21 1887 BALTIMORE CO

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 95428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 tes
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Whit
3. Date of Birth,	16 of July 1881.
4. Place of Birth (Street and Number),	917 Bermey Stret
5. Full Name of Mother,	Magdalena Tausendschön
6. Mother's Maiden Name,	Magdalena Leunes
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Friedrich Tausendschön
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Mrs Ca Hill Midwife
Address,	207 N. Castle Street
Remarks,	

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

98429.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 17 of July

4. Place of Birth, (Street and Number) 2156 Mcelderry St Baltimore

5. Full Name of Mother, Annie E Fowler

6. Mother's Maiden Name, Annie E Potter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dallas I Fowler

9. Father's Occupation, labor

10. Father's Birthplace, Atmarysbg

Name of Medical Attendant, or other Person who makes this Return 2327 Mrs Glasson

Address.

Remarks. getting along as well as expected

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95430.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 17th
4. *Place of Birth (Street and Number),* 1303. Lemon St
5. *Full Name of Mother,* Mary A. Clark
6. *Mother's Maiden Name,* Mary A. Sulivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel C Clark
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

HEALTH DEPARTMENT, JUL 22 1897 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95431.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Col'd

3. *Date of Birth,* July 17 (8)

4. *Place of Birth (Street and Number),* 20 Booth St

5. *Full Name of Mother,* Martha McDonald

6. *Mother's Maiden Name,* Martha Miller

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Robt McDonald

9. *Father's Occupation,* Laborer

Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95432.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 17th July
4. *Place of Birth (Street and Number),* Hanover St. 1643.
5. *Full Name of Mother,* Mary Rausch
6. *Mother's Maiden Name,* Mary Hornig
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Herman Rausch
9. *Father's Occupation,* Pianomaker.
10. *Father's Birthplace,* Gamany.

Name of Medical Attendant, or other person who makes this Return. Kathrin Mungh

Address, 800 Leadenhall St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95433.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17 1887

4. Place of Birth, (Street and Number) 1617 W Fayette

5. Full Name of Mother, Mary Doyle

6. Mother's Maiden Name, Mary Quinn

7. Mother's Birthplace, Chatham. N.B.

8. Full Name of Father, James Doyle

9. Father's Occupation, Supt. United Press

10. Father's Birthplace, Branch Dale. Pa.

Name of Medical Attendant, or other Person who makes this Return. Edward H. Condon M.D.

Address, 1403. W Fayette St.

Remarks,

HEALTH DEPARTMENT, AUG 1887 BALTIMORE, MD.

RETURN OF A BIRTH 95434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 17 1887
4. *Place of Birth (Street and Number),* 1722 Allusimn st
5. *Full Name of Mother,* Emmer Rousenbach
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Rousenbach
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

BALTIMORE

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 95435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 17 — 87
4. Place of Birth (Street and Number),	1801 E. Eager St
5. Full Name of Mother,	Maggie M. Carroll
6. Mother's Maiden Name,	" " Miller
7. Mother's Birthplace,	Balto
8. Full Name of Father,	George D. Carroll
9. Father's Occupation,	Can maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

AUG 1 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this Section shall be subject to a fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recovered.

lishing the City Printers and Stationers.

RETURN OF A BIRTH

95436.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st First

Sex, (state whether male or ~~female~~) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 13th 87.

4. Place of Birth, (Street and Number) 45 W. Lombard St.

5. Full Name of Mother, Barbara Noey

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. L. L. Hutto

Address, 13 W. Lombard St

Remarks, City.

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9.5437,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1o child
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	born the 19 July
4. Place of Birth (Street and Number),	Vo 1121 Ridley St
5. Full Name of Mother,	Pauline F. Flack
6. Mother's Maiden Name,	Pauline Roos
7. Mother's Birthplace,	in German
8. Full Name of Father,	Henry Ernst Flack
9. Father's Occupation,	Brother by Trad
Father's Birthplace,	In German
Name of Medical Attendant, or other person who makes this Return.	Mrs Bangl
Address,	111 Cross St.
Remarks,	

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95438.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17th 1887

4. Place of Birth, (Street and Number) 611 Park Av

5. Full Name of Mother, Susan E. Stewart

6. Mother's Maiden Name, Susan Elliott

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, Arthur Stewart

9. Father's Occupation, Lawyer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. W. Millenberger

Address, 319 W. Monument St

Remarks,

= by order of James A Stewart M D - Com of Health.

Registrar

BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 95439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
Sex, (state whether male or female)	Male Child.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	17th July 1887.
4. *Place of Birth, (Street and Number)*	Fort Ave. No 1708.
5. *Full Name of Mother,*	Lizzie Schaeffler.
6. *Mother's Maiden Name,*	Lizzie Wiesand
7. *Mother's Birthplace,*	Sou. Germany.
8. *Full Name of Father,*	Michael Schaeffler.
9. *Father's Occupation,*	Barber
10. *Father's Birthplace,*	Sou. Germany
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaeffler
Address,	Fort Ave No. 1708.
Remarks,	Baltimore Md.

RECEIVED DEPUTY REGIST. AUG 26 1887 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH, 95440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 17th July

Place of Birth, (Street and Number) 12½ Harrison st

Full Name of Mother, Goldie Podlesky

Mother's Maiden Name, Goldie Potelsky

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Joseph Podlesky

9. *Father's Occupation,* Street Peddler

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Becky Yusman

Address, 207 N. Caroline st

Remarks, ...

.....

for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

95441.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George E. McGill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 17th 1887

4. Place of Birth (Street and Number), 114 E Montgomery

5. Full Name of Mother, Flora M. McGill

6. Mother's Maiden Name, Flora M. Newhouse

7. Mother's Birthplace, Ohio

8. Full Name of Father, George W. McGill

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cottrell

Address, 6 E Montgomery st

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. JUL 21 1887

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

95442.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 17 — 1887.
4. Place of Birth (Street and Number),	35 Cross st.
5. Full Name of Mother,	Bertha Kolecki.
6. Mother's Maiden Name,	Buski.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Albert Kolecki.
9. Father's Occupation,	Black smith.
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
Address,	432 Hanover st.
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT REGISTRAR OF VITAL STATISTICS

for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), —

3. Date of Birth, July 17. 1887

4. Place of Birth (Street and Number), 522 Charles St. Ave.

5. Full Name of Mother, Annie Augustus Stewart Milligan Smith

6. Mother's Maiden Name, " " " Milligan

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, James Hume Smith

9. Father's Occupation, Merchant

10. Father's Birthplace, Lower Chanceford York Co. Pa.

Name of Medical Attendant, or other person who makes this Return. G. Glanville, Lurk M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

HEALTH DEPARTMENT JUL 20 1887 BALTIMORE MD

For each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95444.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 17 — 1887.
4. Place of Birth (Street and Number),	1236 Johnson st.
5. Full Name of Mother,	Barbara Liemeier
6. Mother's Maiden Name,	Karch.
7. Mother's Birthplace,	America.
8. Full Name of Father,	George Liemeier.
9. Father's Occupation,	Stone cutter.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 20 1887 BALTIMORE MD.

lishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-26-53

RETURN OF A BIRTH

95448.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Christian H. J.~~ Schlaug

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	W.
3. Date of Birth,	July 17 1887.
4. Place of Birth (Street and Number),	1009 Goodmans Alley
5. Full Name of Mother,	Elisabeth Schlaug (~~Lizzie~~) (~~Katharine~~).
6. Mother's Maiden Name,	" Schueler ~~Fiele~~.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Joseph Schlaug (~~Joe~~ ~~Schlaug~~)
9. Father's Occupation,	F. Blacksmith
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmeyer, Midwife
Address,	1032 Hanover St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 9.5446.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 d.
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth*	July 17. 1887
4. *Place of Birth, (Street and Number)*	928 Fusor street
5. *Full Name of Mother,*	Ruth Hayden
6. *Mother's Maiden Name,*	2 2
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	William Hayden
9. *Father's Occupation,*	porter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Harii E. Fralwitzer.
Address,	725 Mulberry street.
Remarks,	

AUG 3 1887 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95447,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 17 th 1887
4. Place of Birth (Street and Number),	1037 n mount st
5. Full Name of Mother,	Olive E Anderson
6. Mother's Maiden Name,	Olive E Fox
7. Mother's Birthplace,	Howard Co. Md
8. Full Name of Father,	Isaiah Anderson
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Norton Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE HEALTH DEPARTMENT JUL 27 1887 REGISTRAR'S OFFICE

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95448.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

Sex, (state whether male or female) Female

2. ~~Race~~ or Color, (*if not of the white race*) White

3. *Date of Birth,* July 17th 1897

4. *Place of Birth, (Street and Number)* 1364 Fremont st.

5. *Full Name of Mother,* Oscar E. Franklin

6. *Mother's Maiden Name,* " " Shaw

7. *Mother's Birthplace,* Balt Co.

8. *Full Name of Father,* Hiram Franklin

9. *Father's Occupation,* Conductor.

10. *Father's Birthplace,* Court. Co

Name of Medical Attendant, or other Person who makes this Return. Hiram F Hill

Address, 17 N. Carlton st

Remarks, Child lived only about two hours
being a premature child.

BOARD OF HEALTH DEPARTMENT JUL 17 1897 BALTIMORE

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday July 17th 1887
4. Place of Birth, (Street and Number) 2946 Hudson St
5. Full Name of Mother Anna Lillie
6. Mother's Maiden Name Labrun
7. Mother's Birthplace Baltimore
8. Full Name of Father William Lillie
9. Father's Occupation Laborer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. J. E. Prichard M D

Address 1830 O'Donnell St

Remarks Natural Easy labor

Both mother and child are doing well

RETURN OF A BIRTH 95450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Baltimore

4. Place of Birth, (Street and Number) No 9 Hollan Alley

5. Full Name of Mother, Mary Conif

6. Mother's Maiden Name, Mary Burns

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bill Conif

9. Father's Occupation, Labor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charine Witchell

Address, No 112 Caldrens Alley

Remarks,

HEALTH DEPARTMENT, JUL 18 1887 BALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH

95 1151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 18" - 1887
Place of Birth, (Street and Number)	# 642 S. Charles St
Full Name of Mother,	Ella Hoffman
Mother's Maiden Name,	Taylor
Mother's Birthplace,	Balto. Co. Md
Full Name of Father, Jno. Hoffman	~~Saleman~~
Father's Occupation,	Saleman
Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other Person who makes this Return	Chas. D. Smith, M.D.
Address,	# 62 Lee St.
Remarks,	

RS AND STATIONERS

RETURN OF A BIRTH 95452.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18 July 1887

4. *Place of Birth (Street and Number),* 2150 McElderry st

5. *Full Name of Mother,* Josephine Hicks

6. *Mother's Maiden Name,* Josephine Hicks

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Hicks

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 507 N Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY BOARD OF HEALTH DEPARTMENT OF VITAL STATISTICS

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95453.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18 July 1887
4. *Place of Birth (Street and Number),* 102 N Wolf St
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Mary Hellert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hall
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koprist

Address, 509 N Washington St

Remarks,

HEALTH DEPARTMENT, 1887 BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95452.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 18 July 1887

4. Place of Birth (Street and Number), 509 N Washington st

5. Full Name of Mother, Kate Baroch

6. Mother's Maiden Name, Kate Pinkas

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Vaclav Pinkas

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kostroch

Address, 509 N Washington st

Remarks,

for each offence, to be recovered as other

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18 July 1887
4. *Place of Birth (Street and Number),* 1803 Eastern ave
5. *Full Name of Mother,* Lizzie Huppersmith
6. *Mother's Maiden Name,* Lizz Huppersmith
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Fredrick Huppersmith
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address, 509 N Washington st

Remarks,

BALTIMORE CITY, JUL 30 1887

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95456.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18 July 1887 1886

4. *Place of Birth (Street and Number),* 1220 Cambridge st

5. *Full Name of Mother,* Mary Love

6. *Mother's Maiden Name,* Mary Smith

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Love

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kefstiet

Address, 509 N Washington st

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

hing Co., City Printers and Stationers

RETURN OF A BIRTH 9521.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18 July 1887

4. *Place of Birth (Street and Number),* 1723 Hart st

5. *Full Name of Mother,* Maggie Fliestman

6. *Mother's Maiden Name,* Maggie Fliestman

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* William Fliestman

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsh

Address, 509 N Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 8 July 1887

4. *Place of Birth (Street and Number),* 40 Calender Alley

5. *Full Name of Mother,* Mary Crobus

6. *Mother's Maiden Name,* Mary Crobus

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Frank Crobus

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 309 N Washington St

Remarks,

for each offence, to be recovered as other fines are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95459.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 18 July 1887

4. *Place of Birth (Street and Number),* 173 Ann St

5. *Full Name of Mother,* Kate Oberlander

6. *Mother's Maiden Name,* Kate Oberlander

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Oberlander

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kostick

Address, 509 N Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bal'to July 17th 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Bal'to July 18th 1887.

4. Place of Birth (Street and Number), 413 S. Chappel St.

5. Full Name of Mother, Lizzie Edwards

6. Mother's Maiden Name, Lizzie Krempel.

7. Mother's Birthplace, America

8. Full Name of Father, Benjamin Edwards

9. Father's Occupation, Laborer.

Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend

Address, 430 South Wolfe St.

Remarks, (A)

HEALTH DEPARTMENT JUL 20 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 te

1. Sex, (state whether male or female) Mädchen Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 18ten Juli 1887
4. Place of Birth, (Street and Number) Potebski Strict Ecke Gillmor No 1319
5. Full Name of Mother, Anna Braudel
6. Mother's Maiden Name, Anna Braudel
7. Mother's Birthplace, Germanien
8. Full Name of Father, Keiner
9. Father's Occupation, Germanien
10. Father's Birthplace, Karolsen Anvarg Hiet Strict No 60

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

JUL 23 1887 BALTIMORE MD.

...or persons who shall hereafter fail to comply with ... of this section, ... for each offence to be recovered as other fines and ... are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95462.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 18 87
4. *Place of Birth (Street and Number),* 5 Bruce St
5. *Full Name of Mother,* Mary Gardner
6. *Mother's Maiden Name,* Mary Harris
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Joseph Gardner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

BALTIMORE CITY

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 18 July 1887

4. Place of Birth (Street and Number), [illegible]

5. Full Name of Mother, Annie Hutton

6. Mother's Maiden Name, Annie Foster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Hutton

9. Father's Occupation, Machinist

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Hanford Ave

Remarks, Bal Md 1887

HEALTH DEPARTMENT JUL 27 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of the section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

95464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 18 1887
4. Place of Birth (Street and Number), 439 N. Front
5. Full Name of Mother, Mary E. Martin
6. Mother's Maiden Name, " " Meyers
7. Mother's Birthplace, Balt
8. Full Name of Father, Thos J. Martin
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. D. Streett M.D.

Address, 403 N. Eden

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. JUL 30 1887

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

9.2265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 15. 1897

4. *Place of Birth (Street and Number),* 307 W. Biddle st

5. *Full Name of Mother,* Flora Virginia Simms

6. *Mother's Maiden Name,* " " Crouch

7. *Mother's Birthplace,* Lynchburg Va

8. *Full Name of Father,* Charles Wilkins Simms

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Albemarle Co Va

Name of Medical Attendant, or other person who makes this Return. J. C. Hammer

Address, 212 Franklin st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	Colord
3. *Date of Birth,*	July 18th. 1887
4. *Place of Birth (Street and Number),*	428 East St.
5. *Full Name of Mother,*	Louisa Sampson
6. *Mother's Maiden Name,*	" Bade
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm Sampson
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Pensilvania
Name of Medical Attendant, or other person who makes this Return.	K. A. Butt.
Address,	1245 S. W cor Monument St. & Central av.
Remarks,	All Well

for each offence, to be recovered as other fines are recovered.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

95467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), Female

Race or Color (if not of the white race), white

Date of Birth, July 18th/87

Place of Birth (Street and Number), 158 Baker St

Full Name of Mother, Annie Hafele

Mother's Maiden Name, " Bishman

Mother's Birthplace, Balto

Full Name of Father, John Hafele

Father's Occupation, Carriage Builder

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A Meseuzche

Address, 609 Mosher St

Remarks,

HEALTH DEPARTMENT
AUG 4 1887
BALTIMORE, MD.

for each offence, to be recovered as other fines

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 95468.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18. 1887.

4. Place of Birth, (Street and Number) 1003 E. Batteman St.

5. Full Name of Mother, Margaret Isabella Beatty

6. Mother's Maiden Name, Margaret Isabella Williams

7. Mother's Birthplace, Maryland

8. Full Name of Father, James Beatty Jr.

9. Father's Occupation, Clerk

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return J. W. Honck MD

Address, 1005 E Batteman St.

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BRANCH DEPARTMENT, AUG 4 1887 BALTIMORE MD.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

95469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* July 18th 1887

4. *Place of Birth, (Street and Number)* 1165 Lormant St

5. *Full Name of Mother,* Maggie Hull

6. *Mother's Maiden Name,* " Simon

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Geo Hnee

9. *Father's Occupation,* Street Grader

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs A Nesenzehl

Address, 609 Mosher St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18 July 1887
4. *Place of Birth (Street and Number),* 1900 East Monument st
5. *Full Name of Mother,* Mary Priller
6. *Mother's Maiden Name,* May Retter
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Preller
9. *Father's Occupation,* Tavernkeeper
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. May Kopitsch

Address, 509 N Washington st

Remarks,

BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95471.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 18th 1888
4. *Place of Birth (Street and Number),* 729 Gough st
5. *Full Name of Mother,* Cathern Bachman
6. *Mother's Maiden Name,* " " Fultz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Bachman
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1844 Bankert

Remarks,

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE CITY

for each offence, to be recovered as ... for each ... fines are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH. 95472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sarah Hawkins

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July 18th

4. Place of Birth, (Street and Number) 122 Welcome alley

5. Full Name of Mother, Sarah Jane Hawkins

6. Mother's Maiden Name, Sarah Galaway

7. Mother's Birthplace, Calbert county

8. Full Name of Father, John Hawkins

9. Father's Occupation, Araba

10. Father's Birthplace, new kent County

Name of Medical Attendant, or other Person who makes this Return. Emily hughe

Address, 122 welcome

Remarks,

HEALTH DEPARTMENT AUG 1 1907 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18/87

4. Place of Birth, (Street and Number) 106 Albermarle St

5. Full Name of Mother, Annie Cohen

6. Mother's Maiden Name, Annie Davidson.

7. Mother's Birthplace, Russa

8. Full Name of Father, Alnum Cohen

9. Father's Occupation, Cleaner

10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 301 New Number Sharp St

Remarks,

HEALTH DEPARTMENT, AUG 1 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

Maurice

...o., City Printers and Stationers.

RETURN OF A BIRTH

9.5494.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 18th, 1887.

4. *Place of Birth, (Street and Number)* 119 Warren Ave

5. *Full Name of Mother,* Mandie Collison

6. *Mother's Maiden Name,* Houck

7. *Mother's Birthplace,* Ind

8. *Full Name of Father,* J. Harry Collison

9. *Father's Occupation,* Packer

10. *Father's Birthplace,* Ind

Name of Medical Attendant, or other Person who makes this Return. Robert S. Lowe, M. D.

Address, 1019 Light St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 95495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 18/89
4. Place of Birth (Street and Number),	419 S. Dam St.
5. Full Name of Mother,	Mary A. Foreman
6. Mother's Maiden Name,	" " Vien
7. Mother's Birthplace,	Baltimore City Md.
8. Full Name of Father,	J. H. Foreman
9. Father's Occupation,	Laborer
Father's Birthplace,	A. A. Co. Md
Name of Medical Attendant, or other person who makes this Return.	R. W. Mansfield M. D.
Address,	129 S. Broadway
Remarks,	

who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten(10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. JUL 25 1889

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 18th 1887
5. *Place of Birth, (Street and Number)* No 233 Richmond St
6. *Full Name of Mother,* Lizzie Gibney Koch
7. *Mother's Maiden Name,* Lizzie Gibney
8. *Mother's Birthplace,* Boston.
9. *Full Name of Father,* Henry A Koch
10. *Father's Occupation,* Clerk
11. *Father's Birthplace,* Boston

Name of Medical Attendant, or other Person who makes this Return. R W Mifflin MD

Address, 425 Sandtoft

Remarks,

RETURN OF A BIRTH

95477.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19th 1887

4. Place of Birth, (Street and Number) New No. 607 N. Caroline St.

5. Full Name of Mother, Johana Mary Catherine Connelly

6. Mother's Maiden Name, " " " Stallkamp.

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Albaugh Connelly

9. Father's Occupation, Cigar Maker

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, John U. Pickel M.D.

Address, No. 1312 Chew St.

Remarks,

HEALTH DEPARTMENT JUL 23 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

95478.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 29th 1889

4. *Place of Birth (Street and Number),* 320 E Hill St

5. *Full Name of Mother,* Elizabeth A McKay

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm D McKay

9. *Father's Occupation,* Letter Carrier

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Thaddeus Parker M.D.

Address, 518 Hanover St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

95479.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 19th 1887
4. *Place of Birth (Street and Number),* 321 S Howard St
5. *Full Name of Mother,* Mary L Keating
6. *Mother's Maiden Name,* " " , Driscoll
7. *Mother's Birthplace,* Vd
8. *Full Name of Father,* Timothy J Keating
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.C.

Address, 518 Hanover St P.O.B.

Remarks,

BALTIMORE HEALTH DEPARTMENT JUL 23 1887

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

95480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th July 1887

4. Place of Birth, (Street and Number) No 124 Hughes St

5. Full Name of Mother, Carrie. Byus

6. Mother's Maiden Name, Danaker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert. Byus

9. Father's Occupation, Paint mixer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks,

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 95481.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 19th July 1887
4. *Place of Birth (Street and Number),* 610 S. Charles St
5. *Full Name of Mother,* Maggie Lautenbach
6. *Mother's Maiden Name,* " Roerbe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lautenbach
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. W. Webster

Address, 106 Barre St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

95482.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th 1887
4. Place of Birth, (Street and Number) 803 Williams St
5. Full Name of Mother, Addie Towers
6. Mother's Maiden Name, Addie. Flynt
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chas Towers
9. Father's Occupation, Insu-Agent
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Dr K. B. Noble

Address, 301 Warren av

Remarks,

AUG 4 1887 BALTIMORE, MD.

City Printers and Stationers

RETURN OF A BIRTH 95483.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 19.
4. *Place of Birth (Street and Number),* Ryggelt Street 914
5. *Full Name of Mother,* Auguste Piorkowska
6. *Mother's Maiden Name,* Auguste Chaberska
7. *Mother's Birthplace,* Graudeny Germine
8. *Full Name of Father,* Julius Piorkowski
9. *Father's Occupation,* Lober
10. *Father's Birthplace,* Graudeny Germine

Name of Medical Attendant, or other person who makes this Return. — Mrs Seebach

Address, — 735 W Pratt St

Remarks, —

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	July 19. 1887.
4. *Place of Birth, (Street and Number)*	743 George street.
5. *Full Name of Mother,*	Mary Martin.
6. *Mother's Maiden Name,*	Mary Mahl.
7. *Mother's Birthplace,*	Penn.
8. *Full Name of Father,*	Harvey C. Martin
9. *Father's Occupation,*	trimmer.
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Morris E. Pratowitzer M. D.
Address,	725 Mulberry street.
Remarks,	

For each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95485,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 19th of July 1887

4. *Place of Birth (Street and Number),* No 502 S. Wolfe St Baltimore

5. *Full Name of Mother,* Mary Otten

6. *Mother's Maiden Name,* Mary Miller

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Henry Otten

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

Penalties are recoverable.

ing Co., City Printers and Stationers

RETURN OF A BIRTH 95486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 19 July 1887
4. *Place of Birth (Street and Number),* 823 Dallas St
5. *Full Name of Mother,* May Huller
6. *Mother's Maiden Name,* May Huller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Huller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptsh

Address, 507 N Washington St

Remarks,

HEALTH DEPARTMENT
JUL 30 1887
BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH.

9548?

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUL 25 1887 BALTIMORE MD.

No. of Child of Mother (state whether 1st, ~~2d~~ ~~3d~~ &c.)	
Sex (state whether ~~Male~~ or ~~Female~~)	
Race or Color (if ~~not of the~~ white race)	
3. Date of Birth	July 19th 1887
4. Place of Birth (Street and Number)	1929 Bolton St
5. Full Name of Mother	Rose Walter
6. Mother's Maiden Name	Rose Guggenheimer
7. Mother's Birthplace	Penn.
8. Full Name of Father	Jos. Walter
9. Father's Occupation	merchant
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thos. S. Latimer M.D.
Address	1213 Eutaw Place
Remarks	No anaesthetics. No trouble.

RETURN OF A BIRTH 95488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 19 — 1887
4. *Place of Birth (Street and Number),* 1514 Eastern Av.
5. *Full Name of Mother,* Maddalena Juliona
6. *Mother's Maiden Name,* Schiavona
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Pasquale Schiavona
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

HEALTH DEPARTMENT, AUG 4 1887 BALTIMORE, MD.

Who shall hereafter fail to comply with the provisions of this Return, or shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), female

2. Race or Color (if not of the white race),

3. Date of Birth, July 19

4. Place of Birth (Street and Number), Tree Lying in Hosp 622 W Lombard

5. Full Name of Mother, Mollie Smith

6. Mother's Maiden Name, Mollie Croft.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Smith

9. Father's Occupation, Sobony

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. E. Nagle M.D.

Address, 3194 Maryland Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	July 19th 1887
4. *Place of Birth, (Street and Number)*	1019 N. Carrollton ave
5. *Full Name of Mother,*	Lilian A. Foster
6. *Mother's Maiden Name,*	Lilian A. Carroll
7. *Mother's Birthplace,*	~~Washington D.C.~~ Baltimore Md.
8. *Full Name of Father,*	James P. Foster
9. *Father's Occupation,*	Clerk & Bookkeeper
10. *Father's Birthplace,*	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Johnney Hill M.D.
Address,	807 Arlington ave
Remarks,	

for each offence to be recovered as other fines and [illegible]

BALTIMORE MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19th 1887

4. Place of Birth, (Street and Number) 1633 Gough St

5. Full Name of Mother, Mollie Ullrich

6. Mother's Maiden Name, McCormick

7. Mother's Birthplace, US

8. Full Name of Father, Frederick Ullrich

9. Father's Occupation, Salesman

10. Father's Birthplace, US

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address,

Remarks,

HEALTH DEPARTMENT JUL 2 1887 BALTIMORE MD

...of persons who shall hereafter fail to comply with this Return, for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH. 95492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* July 20 1887
4. *Place of Birth, (Street and Number)* 1601 Park Ave
5. *Full Name of Mother,* Clara D. Kenny
6. *Mother's Maiden Name,* Clara Doyle
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* C. D. Kenny
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. F. E. Chabard Jr

Address, 516 Park Ave

Remarks,

BEALTH DEPARTMENT, JUL 27 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this Return, are recoverable for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* Colord

3. *Date of Birth,* July 20th 1887

4. *Place of Birth (Street and Number),* No 325 Diamond St

5. *Full Name of Mother,* Annie Williams

6. *Mother's Maiden Name,* Annie Robinson

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles · Williams

9. *Father's Occupation,* Coachman

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 710 Tyson Street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 25 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth. 95494

Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth. July 20. 1887

4. Place of Birth, (Street and Number) No. 2208 Eastern Ave.

5. Full Name of Mother, Emma Goldsbery.

6. Mother's Maiden Name, Emma Brooks

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Joseph Goldsbery.

9. Father's Occupation, Steverdore.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Sarah P. Harrington.

Address, No 387 Eastern Ave.

Remarks,

within the period above required, except in the cases of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95495.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	20th July
4. Place of Birth (Street and Number),	1570. E. Orleans
5. Full Name of Mother,	Maggie Miles
6. Mother's Maiden Name,	Bromann
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Emil Miles
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

JUL 25 1887 BALTIMORE

...ons of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 20 / 87
4. *Place of Birth (Street and Number),* 825 Lombard st
5. *Full Name of Mother,* Mary E. Hicks
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Anthony Hicks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, 15 X Alley

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH.

95497.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether ~~Male or~~ Female)

2. Race or Color (~~if not of the~~ white ~~race~~)

3. Date of Birth July 20th 1887.

4. Place of Birth (Street and Number) 315 S. Gilmor St.

5. Full Name of Mother Georgeanna Bosley.

6. Mother's Maiden Name Keene

7. Mother's Birthplace Harford Co. Md

8. Full Name of Father William E. Bosley.

9. Father's Occupation Clerk.

Father's Birthplace Balto Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. J. Jay M.D.

Address 210 W. Franklin St

Remarks

of the parents, and the maiden name of the mother of such child or children.

JUL 27 1887 BALTIMORE, MD.

RETURN OF A BIRTH 95498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 20th 1887
4. *Place of Birth (Street and Number),* 494 Fremont St
5. *Full Name of Mother,* Katie Wilt
6. *Mother's Maiden Name,* " Sneider
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wilt
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A Meseuzthe

Address, 609 Mosher St

Remarks,

the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95499.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 20th 1887
4. *Place of Birth (Street and Number),* 114 Pearl St
5. *Full Name of Mother,* Emily Allpeter
6. *Mother's Maiden Name,* " Theimeyer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Allpeter
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs C Mesenzehl

Address, 619 Mosher St

Remarks,

HEALTH DEPARTMENT, AUG 1 1887

Mother, Immediately thereafter, is hereby required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95500.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	20th of July 1887
4. Place of Birth (Street and Number),	909 Russell St. Balto. City
5. Full Name of Mother,	Emma. E. Leach
6. Mother's Maiden Name,	Emma E. Hartlove
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	James. M. Leach
9. Father's Occupation,	Clerk B.T.O R.R.a
10. Father's Birthplace,	St. Mary's Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Lange
Address,	711 Cross St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 20th 1887
4. Place of Birth (Street and Number),	3 1/4 W. Biddle St
5. Full Name of Mother,	Maggie Black
6. Mother's Maiden Name,	Maggie Campbell
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	James Black
9. Father's Occupation,	Bar. Keeper
10. Father's Birthplace,	Scotland
Name of Medical Attendant, or other person who makes this Return.	E. H. Wallace M.D.
Address,	25 & 27 Linden Avenue
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

95502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 20-87
4. Place of Birth (Street and Number),	687 E Monument St
5. Full Name of Mother,	Agnes Dudrow
6. Mother's Maiden Name,	" Eagen
7. Mother's Birthplace,	Va
8. Full Name of Father,	John C. Dudrow
9. Father's Occupation,	Bridge Builder
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* ~~Female~~ (Charles Wythe Cook) male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20 1887
4. *Place of Birth, (Street and Number)* 126 Maryland Av
5. *Full Name of Mother,* Anna Cook
6. *Mother's Maiden Name,* Anna Slemmer
7. *Mother's Birthplace,* D.C.
8. *Full Name of Father,* H. L. Cook
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. W. Mittenhagen

Address, 319 W. Monument St

Remarks,

HEALTH DEPARTMENT AUG 1887 BALTIMORE MD

report ... or person ... for each ... ...tures are recoverable. ... ...ired, and any such person ... subjected to the fine of ten (10) dollars

... Co., City Printers and Stationers.

RETURN OF A BIRTH 95504

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* July 20 1887
4. *Place of Birth, (Street and Number)* 1009 north Chappel St city
5. *Full Name of Mother,* Julia Dickerson age 26
6. *Mother's Maiden Name,* julia Taylor
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George dickerson Age 27
9. *Father's Occupation,* colour
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other Person who makes this Return Eleo Carson

Address, 1026 north Chappel St city

Remarks.

PRINTERS AND STATIONERS

RETURN OF A BIRTH 95505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 25 1887
4. *Place of Birth (Street and Number),* 252 Harrison
5. *Full Name of Mother,* Cecelia Levy
6. *Mother's Maiden Name,* " Lavine
7. *Mother's Birthplace,* S. Carolina
8. *Full Name of Father,* Julius Levy
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* S. Carolina

Name of Medical Attendant, or other person who makes this Return. D. Sheett MD

Address, 403 N. Exeter

Remarks, The first born of twins.

BIRTH DEPARTMENT JUL 27 1887 BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 July 1881
4. *Place of Birth (Street and Number),* 5 Wolf st
5. *Full Name of Mother,* Mary Kiminek
6. *Mother's Maiden Name,* Mary Hajek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Kiminek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Koptich

Address, 509 N Washington st

Remarks,

HEALTH DEPT. JUL 30 1887 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this Return, shall be subjected to the fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 July 1887
4. *Place of Birth (Street and Number),* 411 Madiary alley
5. *Full Name of Mother,* Maggie Bishop
6. *Mother's Maiden Name,* Maggie Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Bishop
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kastist

Address, 509 W Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 July 1897
4. *Place of Birth (Street and Number),* 702 Karoline St
5. *Full Name of Mother,* Clyde Duerhing
6. *Mother's Maiden Name,* Clyd Hetzler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Duerhing
9. *Father's Occupation,* Tavern keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 599 S Washington St

Remarks,

JUL 30 1897

who shall hereafter fail to comply with any [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 95509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 July 1887
4. *Place of Birth (Street and Number),* 1708 Thames st
5. *Full Name of Mother,* Mary Stanton
6. *Mother's Maiden Name,* Mary Stanton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Stanton
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 507 N Washington st

Remarks,

HEAD, JUL 20 1887, BALTIMORE, MD.

who shall hereafter fail to comply with the [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures [illegible] ble.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95510.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 20 day of July 1887
4. *Place of Birth (Street and Number),* old No 5, New No 829 Baker Court
5. *Full Name of Mother,* Amelia Wassmann
6. *Mother's Maiden Name,* Amelia Schunk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wassmann
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Stunti

Address, 23 N Pappelton St

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY DEPARTMENT OF HEALTH
JUL 26 1917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (95811)

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.* July 20, 87

4. *Place of Birth, (Street and Number)* 780 Saratoga St

5. *Full Name of Mother,* Mary Wooden

6. *Mother's Maiden Name,* Mary Dennis

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Henry C. Wooden

9. *Father's Occupation,* Telegrapher

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Dr. Huntley

Address, 1002 Hanover Ave

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 95512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* July 21 1887

4. *Place of Birth, (Street and Number)* 1407 Ward Street

5. *Full Name of Mother,* Emma Johnson

6. *Mother's Maiden Name,* Emma Kimball

7. *Mother's Birthplace,* Baltimor City

8. *Full Name of Father,* John Johnson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Jane Simms

Address, 1107 Chesnut alley

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Mae Danaker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st July 1887

4. Place of Birth, (Street and Number) No 119 Hughes St

5. Full Name of Mother, Mamie Danaker

6. Mother's Maiden Name, Bird

7. Mother's Birthplace, Accomac Co Va

8. Full Name of Father, James Danaker

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Jewell

Address, 516 Fort Ave

Remarks, GIVEN NAME ADDED 12-17-52

BALTH DEPARTMENT, BALTIMORE

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 21st July

4. *Place of Birth (Street and Number),* 1032 E. Lombard

5. *Full Name of Mother,* Anna Sachs

6. *Mother's Maiden Name,* Scheeler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Sachs

9. *Father's Occupation,* Druggist

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subject for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Jewish
3. *Date of Birth,* 21 July
4. *Place of Birth (Street and Number),* 45 Orleans st.
5. *Full Name of Mother,* Bertha Salkolfsky
6. *Mother's Maiden Name,* " Fuld
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Samuel Salkolfsky
9. *Father's Occupation,* Poland
10. *Father's Birthplace,* Peddler

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullrig

Address, 1302 Holland St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 4 1897

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 do

1. *Sex (state whether male or female),* Boi
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 21 L Juli
4. *Place of Birth (Street and Number),* 844 Eutaw Hrit
5. *Full Name of Mother,* Rosina Freffinger
6. *Mother's Maiden Name,* Rosiena Winai
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Freffinger
9. *Father's Occupation,* Butther
10. *Father's Birthplace,* Germani

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien

Address, 927 Sharp Hrit

Remarks,

BALTIMORE DEPARTMENT AUG 4 1887 HEALTH

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 21 July

4. *Place of Birth (Street and Number),* 1209 E. Fayette st

5. *Full Name of Mother,* Mary " Heagarty

6. *Mother's Maiden Name,* Casey

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Bartley Heagarty

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Holland st

Remarks,

for each offence, to be recovered as other fines and penalties are recovered.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95518.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 1st 21..
4. *Place of Birth (Street and Number),* 1659 Cor Washington and Hoe
5. *Full Name of Mother,* Catharina ~~Heidefeld~~ Grauer
6. *Mother's Maiden Name,* Catharina Heidefeld
7. *Mother's Birthplace,* M Gladbach Preussen
8. *Full Name of Father,* John Grauer
9. *Father's Occupation,* Colsklohn
10. *Father's Birthplace,* M. Gladbach Preussen

Name of Medical Attendant, or other person who makes this Return. Mrs Brown

Address, No 1600 N. Chester st.

Remarks,

AUG 2 1898 BALTIMORE

ing Co., City Printers and Stationers

RETURN OF A BIRTH

9.517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 21st 1867
4. Place of Birth (Street and Number),	N. 1712 W. Pratt St
5. Full Name of Mother,	Annie Egans
6. Mother's Maiden Name,	" " Dram
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Joseph Egans
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	N 106 S Monroe St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH

95520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 21st 1887
4. *Place of Birth (Street and Number),* 120 Jackson square
5. *Full Name of Mother,* Selma M. L. Stalfort
6. *Mother's Maiden Name,* " " " Kindel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno G. Stalfort
9. *Father's Occupation,* Leather & Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Odaka M.D.

Address, 578 Hanover St Po Lt

Remarks,

HEALTH DEPARTMENT JUL 27 1887 BALTIMORE CITY

...ing Co., City Printers and Stationers

RETURN OF A BIRTH

95521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 10th

1. Sex (~~state whether male or~~ female),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, July 21st 1874.
4. Place of Birth (Street and Number), 214 N Mount St.
5. Full Name of Mother, Helen H. Buttner.
6. Mother's Maiden Name, Helen H. Stewart
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Frederick A. Buttner.
9. Father's Occupation, Contractor.
10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return. John J. R. Krozer M.D.

Address, 662 W Lexington St

Remarks, Premature, 7th Month.

HEALTH DEPARTMENT BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

95522

GIVEN NAME ADDED 7-31-53

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: James Henry Jenkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), —
3. Date of Birth, July 21, 1887
4. Place of Birth (Street and Number), N. Caroline St.
5. Full Name of Mother, Ella Rose Huttenberger Jenkins
6. Mother's Maiden Name, " " Huttenberger
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Joseph Hamilton Felet Jenkins
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. Clanville Lucklund

Address, 1000 E. Balt. St.

Remarks, Natural delivery

BALTIMORE, MD. JUL 22 1887 HEALTH DEPARTMENT

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Jul, 21st 1887
4. *Place of Birth, (Street and Number)* 908 William St.
5. *Full Name of Mother,* Mary Kines
6. *Mother's Maiden Name,* Mary Mulligan
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* George Kines,
9. *Father's Occupation,* Canning
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, No. 118 E, Franklin St

Remarks,

HEALTH DEPARTMENT JUL 29 1887 BALTIMORE MD

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to which penalties are recoverable.

AUG 4 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child 95824

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 22d
4. *Place of Birth, (Street and Number)* 938 Burgundy St. Baltimore.
5. *Full Name of Mother,* Ida Lavinia Lucas.
6. *Mother's Maiden Name,* Ida Lavinia Vandreckle.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Lucas,
9. *Father's Occupation,* Artist,
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mary Ellen Bentley.

Address, 929 S. Paca St.

Remarks,

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	22d Of July
4. Place of Birth (Street and Number),	Herring Court No. 213 Eutaw
5. Full Name of Mother,	Miss Louise White
6. Mother's Maiden Name,	Miss Louise Banks
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	John Preston White
9. Father's Occupation,	Driving
10. Father's Birthplace,	Balto Md.
Name of Medical Attendant, or other person who makes this Return.	Miss Knoles Mrs Knowles
Address,	1829 E Pratt Street
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 22nd July 1887
4. *Place of Birth (Street and Number),* 912 Williams st
5. *Full Name of Mother,* Kate McCormick
6. *Mother's Maiden Name,* " Duvany
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James McCormick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. H. W. Webster Jr

Address, 106 Barnet st

Remarks,

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

95527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	22nd of July 1887.
4. Place of Birth (Street and Number),	1809 E. Pratt Street.
5. Full Name of Mother,	Katie Scherman.
6. Mother's Maiden Name,	Katie Schmitt.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Schmitt.
9. Father's Occupation,	Coffee roaster.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel Street per Justina Kunkel
Remarks,	Healthy.

HEALTH DEPARTMENT JUL 25 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95528.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 22 of July 1887
4. *Place of Birth (Street and Number),* No 1105 Little Ensor
5. *Full Name of Mother,* Barbarra Muller
6. *Mother's Maiden Name,* Barbarra Huber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Muller
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Med

1887

HEALTH DEPARTMENT, JUL 23 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH. 95529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth July 22nd 1887
4. Place of Birth, (Street and Number) 2136 Division St
5. Full Name of Mother, Carrie Arthur
6. Mother's Maiden Name, Carrie Redjinger
7. Mother's Birthplace, Md
8. Full Name of Father, James W. Arthur
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md Chestertown

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill MD

Address, 807 Arlington Ave

Remarks,

JUL 26 1887 HALTIMORE MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED. 1-10-33

RETURN OF A BIRTH

95534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Evelyn Wellener, 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), —
3. Date of Birth, July 22. 1887
4. Place of Birth (Street and Number), 112 S. Collington Ave.
5. Full Name of Mother, Mrs. Hattie Snyder Wellener
6. Mother's Maiden Name, Miss " Snyder
7. Mother's Birthplace, Frederick, Md
8. Full Name of Father, Henry Wilkens Slice Wellener
9. Father's Occupation, Engraver
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M. D.

Address, 2000 E. Balt. St.

Remarks, D. Delivered with Forceps

for each offence, to be recovered as other fines and forfeitures are recovered by law.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95531.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 22nd 1867

4. *Place of Birth, (Street and Number)* 23½ W. Fayette St

5. *Full Name of Mother,* Mary Hopkins

6. *Mother's Maiden Name,* Mary Monnickle

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Seth Hopkins

9. *Father's Occupation,* Merchant

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. B. H. Middleburger

Address, 317 W. Lanvale St

Remarks,

for each offence to be recovered as other fines and

..., City Printers and Stationers.

RETURN OF A BIRTH 95532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colard

3. *Date of Birth,* July 22

4. *Place of Birth, (Street and Number)* 403 N Durham st

5. *Full Name of Mother,* Hellen C Braun

6. *Mother's Maiden Name,* Cooper

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Baltimore Braun

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizbeth Mondouney

Address, 102 N Durham st

Remarks,

BOARD OF HEALTH JUL 27 1917 BALTIMORE

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH

95533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5 Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 22 of July 1887

4. Place of Birth (Street and Number), No 1635 Aisquith St

5. Full Name of Mother, Sophia Peller

6. Mother's Maiden Name, Sophia Wolf

7. Mother's Birthplace, Germany

8. Full Name of Father, John Peller

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr Ch Sauer

Address, No 1059 Stafford

Remarks, Bal Md

1887

HEALTH DEPARTMENT, JUL 23 1887, BALTIMORE CITY

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH.

95534.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. *Sex (state whether male ~~or female~~)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	8h 30m A. M. 22nd July, 1887.
4. *Place of Birth (Street and Number)*	539 Wilson St Balto. Md
5. *Full Name of Mother*	Annie Decker Hill Thumm
6. *Mother's Maiden Name*	Annie Decker Hill
7. *Mother's Birthplace*	Philadelphia Pennsylvania
8. *Full Name of Father*	William Gottlieb Thumm
9. *Father's Occupation*	Machinist & Draughtsman
10. *Father's Birthplace*	Philadelphia Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Wm. D. Postell M.D.
Address	817 N. Howard St
Remarks	

RETURN OF A BIRTH 95535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 months

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 22 July

4. *Place of Birth (Street and Number),* 914 Warner St

5. *Full Name of Mother,* Addie Henrickle

6. *Mother's Maiden Name,* Addie J. Oats

7. *Mother's Birthplace,* Cincinnati Ohio

8. *Full Name of Father,* Abbe C. Henrickle

9. *Father's Occupation,* Fireman on the B. O.

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bauge

Address, 711 Cross St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 22d 1887
4. *Place of Birth, (Street and Number)* 10 N. Green St
5. *Full Name of Mother,* Voneiff
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* Otto Voneiff,
9. *Father's Occupation,* Liquor Dealer
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, 118 E. Franklin St

Remarks,

HEALTH DEPARTMENT JUL 22 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

15537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 - Child

Sex, (state whether male or female) Female - Twin

Race or Color, (if not of the white race) White

Date of Birth, July 23rd 4.35 P.M. 1887

Place of Birth, (Street and Number) 2121 N Broadway

Full Name of Mother, Mary Eliza Harrison

Mother's Maiden Name, M. E. McKenney

Mother's Birthplace, Maryland

Full Name of Father, Joseph Owens Harrison

Father's Occupation, Clerk

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. James E Emmitt, M.D.

Address, 1701 E Balto St.

Remarks, Twins - both Girls - weighing - 9½ & 8 lbs.

JUL 27 1887

BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95538.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White race

3. Date of Birth, Saturday July 23th 1887

4. Place of Birth (Street and Number), Baltimore Williams st 14.37

5. Full Name of Mother, Lula V. Crem

6. Mother's Maiden Name, Lula V. Hiss

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jas. M. Crem

9. Father's Occupation, Engineer B.T.C. R.R.

10. Father's Birthplace, Jefferson Co West Virginia

Name of Medical Attendant, or other person who makes this Return. Miss Conway

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95539.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 23rd 1887

4. *Place of Birth, (Street and Number)* 813 Covington St

5. *Full Name of Mother,* Anna Dempsey

6. *Mother's Maiden Name,* Anna Cohen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thos Dempsey

9. *Father's Occupation,* Mannen

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H B Noble, M.D.

Address, 301 Warren Av

Remarks,

BALTIMORE, MD. AUG 4 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 95540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 23 rd. 1887
4. Place of Birth (Street and Number),	1015 Centre av.
5. Full Name of Mother,	Anna Winder
6. Mother's Maiden Name,	Anna Neide
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Adam Winder
9. Father's Occupation,	Grub
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	245 S.W. cor. Centre av. & Monument St.
Remarks,	All Well

AUG 4 1887 BALTIMORE

Who shall neglect or refuse to comply with the provisions of this section shall be subjected to the pay of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	23rd of July
4. *Place of Birth (Street and Number),*	2231 Fredrick Avenue
5. *Full Name of Mother,*	Maggie Ford.
6. *Mother's Maiden Name,*	Meyer
7. *Mother's Birthplace,*	Germany Baden
8. *Full Name of Father,*	Henry Ford.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	
Address,	Friedericke Keuler Midwife, No 2116 West Pratt.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95542.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 23th 1887
4. *Place of Birth (Street and Number),* 186 Eastern Ave
5. *Full Name of Mother,* Rosy Geptman
6. *Mother's Maiden Name,* " " Winslow
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Geptman
9. *Father's Occupation,* trader
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizy Betz

Address, 1744 Bank st

Remarks,

for each offence, to be recovered as other fines and for [illegible] recoverab[illegible]

[illegible]ishing Co., City Printers and Stationers

RETURN OF A BIRTH

9554 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), female

2. Race or Color (if not of the white race),

3. Date of Birth, July 23d

4. Place of Birth (Street and Number), Tree Sying-in Hosp 622 S Sambard

5. Full Name of Mother, Marguerite O'Donald

6. Mother's Maiden Name,

7. Mother's Birthplace, Ireland

8. Full Name of Father, John O'Donald

9. Father's Occupation, not known

Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. L. E. Vorke M.D.

Address, 319 W. [illegible]

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, July 23 1887
4. Place of Birth (Street and Number), canton ave nes row st
5. Full Name of Mother, barbara hartelore
6. Mother's Maiden Name, barbara bours
7. Mother's Birthplace, baltimore city
8. Full Name of Father, thomas ~~[illegible]~~ ~~[illegible]~~ hartlore
9. Father's Occupation, can maker
10. Father's Birthplace, batimore city

Name of Medical Attendant, or other person who makes this Return. Rachel ann tyler

Address, 107 burke st

Remarks,

HEALTH DEPARTMENT, AUG 3 1887, BALTIMORE CITY

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95545.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, July 23rd 1887

4. Place of Birth (Street and Number), 9115 Linden ave

5. Full Name of Mother, Mary Günther

6. Mother's Maiden Name, " Kelly

7. Mother's Birthplace, Emmetsburg

8. Full Name of Father, John Günther

9. Father's Occupation, Barber

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A Meseng etal

Address, 609 Mosher St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95-546.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or ~~female~~),

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 23 July 1895

4. *Place of Birth (Street and Number),* Green cover 1011

5. *Full Name of Mother,* Carie Wolf

6. *Mother's Maiden Name,* Carie Felix

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Paul Wolf.

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Deutschland

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the like penalty and forfeitures as are recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First.

1. Sex, (state whether ~~male~~ or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd 1887.

4. Place of Birth, (Street and Number) 115 W Lombard St.

5. Full Name of Mother, Julie Houston

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Md.

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return. W. L. Hutton

Address, 113 ~~W~~ 115 W Lombard St

Remarks, City

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, AUG 2 1887 BALTIMORE

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23d July
4. *Place of Birth, (Street and Number)* 1029 Curley st
5. *Full Name of Mother,* Alice Smoot
6. *Mother's Maiden Name,* Alice Sullens
7. *Mother's Birthplace,* Stemers Run Balts Co
8. *Full Name of Father,* Lewis M Smoot
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 1029 Curley st

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 23d 87
4. Place of Birth, (Street and Number)	23½ N. Poppleton St.
5. Full Name of Mother,	Bertha Summers
6. Mother's Maiden Name,	Fanell
7. Mother's Birthplace,	Allegheny Co Md
8. Full Name of Father,	P. J. Summers
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M D
Address,	600 N. Howard
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT 1887 REGISTRATION OFFICE BALTIMORE

the manner and within the period above required, and any such person
e provisions of this section, shall be subjected to the fine of ten (10) dollars
rfeitures are recoverable.

report its birth to the Commissioner of Health, in the
or persons who shall hereafter fail to comply with the pro
for each offence to be recovered as other fines and forfeit

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl ~~Child~~

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* July 23

4. *Place of Birth, (Street and Number)* No 513 North Caroline St

5. *Full Name of Mother,* Laura Chester

6. *Mother's Maiden Name,* Laura Grant

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas, W, Chester,

9. *Father's Occupation,* Working at Printing Office

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Waller

Address, No 513 North Caroline St

Remarks,

BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23
4. Place of Birth, (Street and Number) No 1952 Eager St.
5. Full Name of Mother, Lena Lorenz
6. Mother's Maiden Name, Lena Papenberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Lorenz.
9. Father's Occupation, Tailor
10. Father's Birthplace, Germnery

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 1803 North Carolina St

Remarks,

JUL 25 1887
BALTIMORE MD

Report its birth to the Commission [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95582.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child
2. *Sex (state whether male or female),* Girl
3. *Race or Color (if not of the white race),* White
4. *Date of Birth,* 23rd of July 1851.
5. *Place of Birth (Street and Number),* 2019 Gough Street
6. *Full Name of Mother,* Mary C. Nicklas.
7. *Mother's Maiden Name,* Mary E. Born.
8. *Mother's Birthplace,* Baltimore.
9. *Full Name of Father,* Nicl. Born.
10. *Father's Occupation,* Barkeeper.
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescentia Kunkel

Address, 213 North Chapel St. per Justina Kunkel.

Remarks, Healthy.

HEALTH DEPARTMENT BALTIMORE MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95553.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lacy C. Beauchamp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 24th 1889
4. *Place of Birth (Street and Number),* 22d Sec St
5. *Full Name of Mother,* Florence E. Beauchamp
6. *Mother's Maiden Name,* Florence E. Andrews
7. *Mother's Birthplace,* Carroll Co
8. *Full Name of Father,* Wm Franklin Beauchamp
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Carroll Co

Name of Medical Attendant, or other person who makes this Return. Mrs M. C. Cottrell

Address, 6 E. Montgomery St.

Remarks,

BALTH DEPARTMENT, JUL 27 1889 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

95554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 2d 1887
4. *Place of Birth (Street and Number),* 804 Spring st
5. *Full Name of Mother,* Maggie Rum
6. *Mother's Maiden Name,* " " Mutzler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Leon Rum
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

the Commissioner of Health, in the manner [illegible] required, and any such person or persons who shall hereafter fail to comply with the provisions of this section [illegible] be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] and forfeitures are recoverable.

BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether ~~male~~ or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 2nd 1887
4. *Place of Birth (Street and Number),* #108 E. Montgomery St
5. *Full Name of Mother,* Ratchael Pennington
6. *Mother's Maiden Name,* Ratchael Gaskill
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Robert Pennington
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* New Jersey

Name of Medical Attendant, or other person who makes this Return. Chas. W. Pfeffer M.D.

Address, #44 E. Montgomery St

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95556.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, July 24th 1887

4. Place of Birth (Street and Number), 2506 Lanvale st

5. Full Name of Mother, Annie Raley

6. Mother's Maiden Name, Schuler

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Reilly

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr Fitz

Address, 1714 Bank st

Remarks,

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 24th 1887
4. *Place of Birth (Street and Number),* 233 Castle st
5. *Full Name of Mother,* Mary Grealey
6. *Mother's Maiden Name,* Fittingner.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Patric Grealy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

the Commissioner of Health, in the manner and [illegible] the period above [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95858.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Ann Kuhn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sunday July 24 1887

4. Place of Birth (Street and Number), #113. N. Appelton st

5. Full Name of Mother, Emma V Kuhn

6. Mother's Maiden Name, Emma V Stieffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George A Kuhn

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 710 Tyson street

Remarks, GIVEN NAME ADDED. 11-30 53 h.m.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24, 1884
4. *Place of Birth, (Street and Number)* 1149 N Mount st
5. *Full Name of Mother,* Laura F Wall
6. *Mother's Maiden Name,* Laura F Compton
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Harry C Wall
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. Edward H Condon M.D.

Address, 1403 W Fayette St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Third Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 24" 1881.
4. Place of Birth (Street and Number),	35 Port Str.
5. Full Name of Mother,	Amelia Earhart
6. Mother's Maiden Name,	" Burkert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Earhart
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH

95561.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 25/87
4. *Place of Birth, (Street and Number)* S. E. Cor. Monument Pl. Lonely Lane
5. *Full Name of Mother,* Elizabeth De Bilius
6. *Mother's Maiden Name,* " Loechel
7. *Mother's Birthplace,* Ble.
8. *Full Name of Father,* Frank De Bilius
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. L. Wilkins Md

Address, 226 S. B'dy

Remarks,

HEALTH DEPARTMENT, AUG 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 24 of July.
4. *Place of Birth, (Street and Number)* Greenmount ave, 1034.
5. *Full Name of Mother,* Ida Hagerty.
6. *Mother's Maiden Name,* Ida McMaines.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Hagerty.
9. *Father's Occupation,* Stone Cutter.
10. *Father's Birthplace,* Irlend.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

[illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT, 28 1897

& Co. City Printers and Stationers

95563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 24th 1887
4. *Place of Birth (Street and Number)*	1713 Colcan St
5. *Full Name of Mother*	Madeline Bell
6. *Mother's Maiden Name*	" Williams
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Bell
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	City Dockman
Address	226 Central Ave
Remarks	

HEALTH DEPARTMENT BALTIMORE

RETURN OF A BIRTH

95564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 24 - 87

4. *Place of Birth (Street and Number),* Garrett Ave

5. *Full Name of Mother,* Mathilda Müller

6. *Mother's Maiden Name,* Doroff

7. *Mother's Birthplace,* Bremen

8. *Full Name of Father,* Herman Müller

9. *Father's Occupation,* Stevedore

Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return. Johanna Jouste

Address, 86 Garrett Ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 te

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) Weiße
3. Date of Birth 24-ten Juli 1887
4. Place of Birth, (Street and Number) Eberbets Ellen N 1633
5. Full Name of Mother, Katarina Miller
6. Mother's Maiden Name, Hauenstein
7. Mother's Birthplace, Germanien
8. Full Name of Father, Nikolaus Miller
9. Father's Occupation, Karl Mann
10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Hiet Street No 60

Remarks,

JUL 30 1887 BALTIMORE CITY

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Coloured

3. *Date of Birth,* July 24th 1857

4. *Place of Birth, (Street and Number)* — 9 york st Balto city

5. *Full Name of Mother,* Layer Knoy

6. *Mother's Maiden Name,* Layer Jolly

7. *Mother's Birthplace,* Eastern Shore Md

8. *Full Name of Father,* George Knoy

9. *Father's Occupation,* Brickmaker

10. *Father's Birthplace,* Western Shore Va

Name of Medical Attendant, or other Person who makes this Return. Sarah Tascar midwife

Address, No 1 Hughes st Balto City

Remarks,

Report this birth to the Commissioner of Health, [illegible] or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. AUG 1 1885

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 25567.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1-Child male

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* african

3. *Date of Birth* July 24th 1897

4. *Place of Birth, (Street and Number)* 636 Cider alley

5. *Full Name of Mother,* Hellen Kellum

6. *Mother's Maiden Name,* Hellen Chase

7. *Mother's Birthplace,* Prince George Co md

8. *Full Name of Father,* Daniell Kellum

9. *Father's Occupation,* Cellar Digger

Father's Birthplace, accomac, Co. Va

Name of Medical Attendant, or other Person who makes this Return. Emly Hurr

Address, 123

Remarks,

DEPARTMENT OF HEALTH AUG 5 1897 BALTIMORE CITY

Of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

9578.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 24 - 87
4. Place of Birth (Street and Number),	943 Ensor St
5. Full Name of Mother,	Nellie Heatherstein
6. Mother's Maiden Name,	" Sebode
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Andrew J. Heatherstein
9. Father's Occupation,	Moulder
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95569.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight (8)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 24th 1887
4. Place of Birth, (Street and Number) 1807 East Prawn
5. Full Name of Mother, Eliz. C. Michael Susan
6. Mother's Maiden Name, Elizabeth Catherine Michael
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Philip Susan
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Jos C Benzinger

Address, Broadway & Pradley

Remarks,

HEALTH DEPARTMENT, AUG 1887 BALTIMORE MD.

INTER & STATIONER, BALT.

RETURN OF A BIRTH

9557 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 4 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 24th 1887
4. Place of Birth, (Street and Number)	Strager St 12 No
5. Full Name of Mother,	Rosy Pearpoint
6. Mother's Maiden Name,	Rosy Berry
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ben Pearpoint
9. Father's Occupation,	Tiner
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chatrine Mitchell
Address,	Caldner Alley 112 No
Remarks,	

Report the birth to the Commissioner of Health, in the manner and within the period above required by such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the penalty of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 24th. 1887
4. *Place of Birth (Street and Number),* 1143 Mc. Eldery St
5. *Full Name of Mother,* Mary Welber
6. *Mother's Maiden Name,* Mary Rubel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Webber
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245. S.W. cor Monument St. & Central av

Remarks, All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95572.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, 24 of July

4. Place of Birth (Street and Number), Fremont Ave. No 617

5. Full Name of Mother, Mollie Heinritz

6. Mother's Maiden Name, Mollie Friedrich.

7. Mother's Birthplace, Balto

8. Full Name of Father, J. C. Heinritz

9. Father's Occupation, Coach maker

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 N. Pratt St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 7 1887 BALTIMORE MD

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95573.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 24th Day of July
4. Place of Birth (Street and Number), 1911 Hanover St
5. Full Name of Mother, Miss Annie Mary Gripp
6. Mother's Maiden Name, Miss Annie Mary Turan
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Charles Gripp
9. Father's Occupation, Watchman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Miss Barge

Address, 711 Cross St

Remarks,

AUG 3 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and [illegible] required, and any such person or persons who shall hereafter fail to comply with the [illegible] this section [illegible] subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95574.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, May 24th 1887

4. Place of Birth (Street and Number), 233 So Gilmor

5. Full Name of Mother, Susannah E Backman Thompson

6. Mother's Maiden Name, Susannah E Backman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James W Thompson

9. Father's Occupation, Clerk

10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

...the Commissioner of Health, if the mandate and wrinkle the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95575.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 24th July 1887
4. *Place of Birth (Street and Number),* 139 Hamburg St
5. *Full Name of Mother,* Kate Prinz
6. *Mother's Maiden Name,* Kate Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Prinz. Jr
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

BRALTH DEPARTMENT AUG 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Edna L. Foard

1. *Sex. (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 24/87
4. *Place of Birth, (Street and Number)* 32 S. Fulton
5. *Full Name of Mother,* Georgia E. ~~Ford~~ Foard
6. *Mother's Maiden Name,* " " Chance
7. *Mother's Birthplace,* Balti. Md
8. *Full Name of Father,* Chas ~~Ford~~ Foard
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balti. Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Skeen Mo

Address, 455 W. Lombard

Remarks, CERTIFICATE CORRECTED 3-23-54 L.M.

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 24/87
4. *Place of Birth, (Street and Number)*	505 Robert St-
5. *Full Name of Mother,*	Annie M. Robinson
6. *Mother's Maiden Name,*	Young
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Nathan C Robinson
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	604 N. Howard
Remarks,	

BOARD OF HEALTH DEPARTMENT JUL 27 BALTIMORE

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 95878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth July 24th 1887
4. Place of Birth, (Street and Number) 6 E. Mulberry
5. Full Name of Mother, Helen Boyle Hall
6. Mother's Maiden Name, Helen Boyle
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm N Hall
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. T. E. Chatard M D

Address, 516 Park Ave

Remarks,

HEALTH DEPARTMENT BALTIMORE MD. JUL 27 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of July
4. *Place of Birth, (Street and Number)* No 710 Webster alley
5. *Full Name of Mother,* Kate Gammie
6. *Mother's Maiden Name,* Kate Stedman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Gammie
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mr. Wodden

Address, 936 Greenmount avenue

Remarks,

HEALTH DEPARTMENT, JUL 25 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH 9.5580

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex.* (*state whether male or female*) Male.

2. *Race or Color.* (*if not of the white race*) White.

3. *Date of Birth,* July 24. 87.

4. *Place of Birth,* (*Street and Number*) 16. Mc Comas Court.

5. *Full Name of Mother,* Emily Dumbarger.

6. *Mother's Maiden Name,* Emily Kraft.

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* George Dumbarger.

9. *Father's Occupation,* Huckster.

10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other Person who makes this Return Dr. Anna L. Kuhn

Address, 1435 Light St.

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

95581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

Date of Birth, July 24th 1887

Place of Birth, (Street and Number) 767 George

5. Full Name of Mother, Carrie E. Leake

6. Mother's Maiden Name, Reamy

7. Mother's Birthplace, Maryland

8. Full Name of Father, Jas G. Leake

9. Father's Occupation, Printer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1821 Mad. Ave.

Remarks.

BALTIMORE, MD. JUL 26 1887 HEALTH DEPARTMENT

Report [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95582.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* july the 25
4. *Place of Birth (Street and Number),* Cross and williams st No 110
5. *Full Name of Mother,* Lena Smith
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* germaney
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation,* tinner
10. *Father's Birthplace,* germaney

Name of Medical Attendant, or other person who makes this Return. Elizabeth Kathorn

Address, light st No 1514

Remarks,

...the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	July the 25
4. Place of Birth (Street and Number),	Eight St No 1635
5. Full Name of Mother,	Katy Thurman
6. Mother's Maiden Name,	[illegible]
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Horman Thurman
9. Father's Occupation,	Segar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Eight St No 1514
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95584.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~sect~~ seventh Child

1. *Sex, (state whether male or female)* male race
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 25 July
4. *Place of Birth, (Street and Number)* hubert street 1043
5. *Full Name of Mother,* lenow bishop
6. *Mother's Maiden Name,* leno Shearey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* gorge bishop
9. *Father's Occupation,* saloon keeper
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks. Ann Thornton 1045 hubert street lockest point

HEALTH DEPARTMENT, JUL 25 1897 BALTIMORE, MD.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95585.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 25 25

4. *Place of Birth, (Street and Number)* 992 Canton St

5. *Full Name of Mother,* Caroline Mauer

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Jacob Mauer

9. *Father's Occupation,* Brew Master

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return A. S. Varner M.D.

Address. Bank & 2nd Sts.

Remarks.

NY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Girl White
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 25th July 16-4.
4. *Place of Birth (Street and Number),* Shakespeare St.
5. *Full Name of Mother,* ~~Mary Pretl~~ Anna Thermanek
6. *Mother's Maiden Name,* Anna Vejvoda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Vincene Thermanek
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Pretl

Address, 830 St. Bond. St.

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95587.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 25th
4. *Place of Birth (Street and Number),* 18 Fourteenth St
5. *Full Name of Mother,* Annie McKeown
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John McKeown
9. *Father's Occupation,* Foreman of Packing house
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. J. C. Burch M.D.

Address, 511 Hanover St

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 4 1897 BALTIMORE CITY

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 25
4. *Place of Birth (Street and Number),* 326 fremont st
5. *Full Name of Mother,* Maggie Quinn
6. *Mother's Maiden Name,* Maggie campbell
7. *Mother's Birthplace,* Monro maine
8. *Full Name of Father,* James Quinn
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Sebach

Address, 735 W Pratt st

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* July 25
4. *Place of Birth (Street and Number),* Locust point Cuba St
5. *Full Name of Mother,* Mary Joice
6. *Mother's Maiden Name,* Mary Sharley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* F H Sharley
9. *Father's Occupation,* seman
10. *Father's Birthplace,* New Haven

Name of Medical Attendant, or other person who makes this Return.

Address, Sam Thornton

Remarks, Hubert Street locust point

HEALTH DEPARTMENT AUG 1877 BALTIMORE MD.

Mother, immediately thereafter [illegible] the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 25th 1887.
4. *Place of Birth (Street and Number),* #403 Chesnut St.
5. *Full Name of Mother,* Mary Von der Linden
6. *Mother's Maiden Name,* Lewis.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Albert Von der Linden
9. *Father's Occupation,* Can Maker.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs L Bena Hillegerst

Address, #182 E. Monument St

Remarks, 1038 (New Number)

AUG 6 1887 BALTIMORE, MD.

the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 25th 1887
4. Place of Birth (Street and Number), 123 W Hamburg St
5. Full Name of Mother, Catharina Richart
6. Mother's Maiden Name, " Smithofer
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Richart
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D.

Address, 518 Hanover St Pa Ave B

Remarks,

...mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second {2nd}
1. *Sex*, (state whether male or female)	Female
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*	July 25th 1887
4. *Place of Birth*, (Street and Number)	# 13 North Eden St
5. *Full Name of Mother*,	Mary Rommel
6. *Mother's Maiden Name*,	" "
7. *Mother's Birthplace*,	Baltimore Md
8. *Full Name of Father*,	Amenius Tyler
9. *Father's Occupation*,	Junk Store
10. *Father's Birthplace*,	Dorchester Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	L E Hooks MD
Address,	1519 E Baltimore St
Remarks,	

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 25 1887.
4. Place of Birth (Street and Number),	208 Hamburg st.
5. Full Name of Mother,	Anna Gehrhart.
6. Mother's Maiden Name,	Trunkoff.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Joseph Gehrhart.
9. Father's Occupation,	Shoe-maker.
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife
Address,	1032 Hanover st.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 5 1887 BALTO

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95594.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 25th. 1887
4. *Place of Birth (Street and Number),* 112. Hillen St.
5. *Full Name of Mother,* Kate Schaefer
6. *Mother's Maiden Name,* Kate Ruhl
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Schaefer
9. *Father's Occupation,* Resturant.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 S.W. cor ~~Cent~~ Monument St. & Central av

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

REGISTRAR'S OFFICE AUG 4 1887 BALTIMORE, MD.

...e Publishing Co., City Printers and Stationers.

Missing #95595 – #95603, incl.

RETURN OF A BIRTH 95604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 26/87

4. Place of Birth, (Street and Number) 704 Greenmount ave

5. Full Name of Mother, Mrs James J Cassidy

6. Mother's Maiden Name, Florence Louise Carlin

7. Mother's Birthplace, Frederick Md.

8. Full Name of Father, James Cassidy

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Theodore

Address, 736 Greenmount ave

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occu without the attendance of a Physician or practitioner in the form of a be in attendance upon the mother, immediately thereafter it shall become the duty of the person or midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.)	2 nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 26th
4. Place of Birth (Street and Number),	420 West St
5. Full Name of Mother,	Mary Demme
6. Mother's Maiden Name,	Mary Rocker
7. Mother's Birthplace,	Frederick Md.
8. Full Name of Father,	Julius J. Demme
9. Father's Occupation,	Piano Maker
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Kathrin Blanck
Address,	800 Leadenhall St
Remarks,	

BIRTH DEPARTMENT OF VITAL STATISTICS BALTIMORE MD.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Henry John Kirchner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, 26 July

4. Place of Birth (Street and Number), 707 Cannon St.

5. Full Name of Mother, Emilie Kirchner

6. Mother's Maiden Name, Kaste

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kirchner

9. Father's Occupation, Laborer

10. Father's Birthplace, Chaerspicke City (Delaware)

Name of Medical Attendant, or other person who makes this Return. Wm G. Weiss

Address, 2524 Lancaster St. Canton

Remarks,

HEALTH DEPARTMENT JUL 30 1895 BALTIMORE MD.

the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95607.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 26th 1887
4. *Place of Birth (Street and Number),* 706 German St
5. *Full Name of Mother,* Sarah Agnes Eager
6. *Mother's Maiden Name,* Sarah Agnes Rogers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Lawrence Eager
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* London, England

Name of Medical Attendant, or other person who makes this Return. Susan Stunter

Address, 23 N Pappelton St

Remarks,

REGISTRY OFFICE AUG 1 1887 BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95608.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 26" 1887

4. *Place of Birth, (Street and Number)* 1531 Hanover St

5. *Full Name of Mother,* Clara Buckholtz

6. *Mother's Maiden Name,* Clara Carroll

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William Buckholtz

9. *Father's Occupation,* Coat-Maker

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Oct. Cooke MD

Address, 104 Fort av

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

GIVEN NAME ADDED 4-24-56

RETURN OF A BIRTH.

95609.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gladys Kressler Schuler

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth July 26/87

4. Place of Birth, (Street and Number) 1016 S. Paca

5. Full Name of Mother, Angeline Schuler

6. Mother's Maiden Name, " Miles

7. Mother's Birthplace, Anne Arundel Co Md

8. Full Name of Father, John L. Schuler

9. Father's Occupation, Clerk

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer MD

Address, 855 W. Lombard

Remarks,

HEALTH DEPARTMENT, AUG 1 1888 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95610.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	26th July
4. Place of Birth (Street and Number),	94 Watson st.
5. Full Name of Mother,	Ora Friese
6. Mother's Maiden Name,	Lee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John H. Friese
9. Father's Occupation,	Actor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E Lombard st
Remarks,	

the Attendance of a physician or practitioner of midwifery, or shall mother, immediately thereafter it shall become the duty of the per the Commissioner of Health, in the manner and within the period who shall hereafter fail to comply with the provisions of this section for each offence, to be recoverable.

o Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	26th July
4. Place of Birth (Street and Number),	651 W. Baltimore st
5. Full Name of Mother,	Lizzie Wennreich
6. Mother's Maiden Name,	Otto
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Ernest Wennreich
9. Father's Occupation,	Salted store
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner above required, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts of like amount are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 1887 BALTIMORE MD

1. *Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth (95612)
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* July 26th 1887
5. *Place of Birth, (Street and Number)* 1112 McDonough st
6. *Full Name of Mother,* Catharine E. Etrige
7. *Mother's Maiden Name,* " " Hunt
8. *Mother's Birthplace,* Balto Md
9. *Full Name of Father,* Patrick Etrige
10. *Father's Occupation,* Shoe Maker
11. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return James E. W. Sutford M.D.

Address, 819 Aisquith Street

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine or ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 26th July
4. *Place of Birth (Street and Number),* 119 N. Exeter st
5. *Full Name of Mother,* Ida Evans
6. *Mother's Maiden Name,* Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martel Evans
9. *Father's Occupation,* Labrour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st

Remarks,

HEALTH DEPARTMENT, AUG 1 1907 BALTIMORE, MD.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95614.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 26th 1887
4. *Place of Birth (Street and Number),* #1202 Central Av
5. *Full Name of Mother,* Mary Grossmann
6. *Mother's Maiden Name,* " Neuman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Jacob Neuman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegust

Address, #182 E Monument St

Remarks, 1038 (New Number)

HEALTH DEPARTMENT AUG 26 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, July 26 1887

4. Place of Birth (Street and Number), 337 eastern ave

5. Full Name of Mother, mary momner

6. Mother's Maiden Name, mary macane

7. Mother's Birthplace, baltimore city

8. Full Name of Father, gorge momner

9. Father's Occupation, house carpenter

10. Father's Birthplace, baltimore city

Name of Medical Attendant, or other person who makes this Return. Rachel a Tyler

Address, 107 burke st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as [illegible] recoverable.

HEALTH DEPARTMENT AUG 3 1887 BALTIMORE CITY

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 26 1887

4. *Place of Birth (Street and Number),* 117 S High St.

5. *Full Name of Mother,* Mary Kelly

6. *Mother's Maiden Name,* Chase

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John F. Kelly

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 26. 1887

4. *Place of Birth (Street and Number),* 1631 E. Fairmount Ave.

5. *Full Name of Mother,* Mrs. Emma Catharine Mahoney

6. *Mother's Maiden Name,* Miss Emma Catharine Healy

7. *Mother's Birthplace,* ~~Richmond Co. Va~~ Hertford Co. N.C.

8. *Full Name of Father,* Capt. James Edward Morgan

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. C. Smith M.D.

Address, 2000 E. Balto. St.

Remarks, Natural delivery

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th July

4. Place of Birth, (Street and Number) Balto No 902 Greenmount Ave

5. Full Name of Mother, Mary Horseback Shipley

6. Mother's Maiden Name, Mary Horseback

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Paul Shipley

9. Father's Occupation, Plasterer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, No 936 Greenmount Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH 95619.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the / Childe

1. *Sex, (state whether male or female)* male childe

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* the 26 of July

4. *Place of Birth, (Street and Number)* 208 / Montgin Street -

5. *Full Name of Mother,* Casa Sample

6. *Mother's Maiden Name,* Casa Wite

7. *Mother's Birthplace,* Est-ton G Shaw

8. *Full Name of Father,* Jon Wite

9. *Father's Occupation,* Sailor

10. *Father's Birthplace,* Colvert

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 229 · york street

Remarks,

HEALTH DEPARTMENT, 1887 BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 24th 1887
4. *Place of Birth (Street and Number),* 602 Lynn street
5. *Full Name of Mother,* Maggie Trautfelder
6. *Mother's Maiden Name,* " " Horr
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Trautfelder
9. *Father's Occupation,* Mon Wagon Driver
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1844 Bank st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 26th 1887
4. *Place of Birth (Street and Number),* #162 N. High St
5. *Full Name of Mother,* Mary Bell.
6. *Mother's Maiden Name,* " Askew,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Henry Bell
9. *Father's Occupation,* Bo[illegible] Rail road.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegust

Address, #1820 Monument St

Remarks,

HEALTH DEPARTMENT AUG 6 1887 BALTIMORE CITY

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95622.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26th 1887
4. Place of Birth (Street and Number)	No. 423 N. Mount St
5. Full Name of Mother	Mary Marsden O'Brien
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland.
8. Full Name of Father	James Henry Marsden
9. Father's Occupation	Police Officer
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight
Address	No. 414 N. Greene St.
Remarks	

RETURN OF A BIRTH.

95623

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 26th 1887
4. *Place of Birth (Street and Number)* #86 St Paul St
5. *Full Name of Mother* Eliza Mars
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto County
8. *Full Name of Father* Arthur Mars
9. *Father's Occupation* Horseler
10. *Father's Birthplace* Balto Co

Name of Medical Attendant, or other Person who makes this Return. Jane D. Castor

Address #10 Hamilton St

Remarks Not to its time it Breathed a bought a Remit befor death

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 95624.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Third
2. *Sex (state whether male or female),*	Male
3. *Race or Color (if not of the white race),*	
4. *Date of Birth,*	July 27-87
5. *Place of Birth (Street and Number),*	~~818~~ 818 N Ann St
6. *Full Name of Mother,*	Ida May Green
7. *Mother's Maiden Name,*	" " Jones
8. *Mother's Birthplace,*	Balto
9. *Full Name of Father,*	George W. Green
10. *Father's Occupation,*	Clerk
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

AUG 1 1887 BALTIMORE MD

the Commissioner of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third {3d}

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 27th 1887

4. Place of Birth, (Street and Number) June 133 North Ann St

5. Full Name of Mother, Kate E Wilkinson

6. Mother's Maiden Name, " " Roche

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel G Wilkinson

9. Father's Occupation, ~~Laborer~~ Egineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. F. E. Brooks MD

Address, 1519 E Baltimore St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th July (87) 1887
4. Place of Birth, (Street and Number) 1325 N Carey St.
5. Full Name of Mother, Mary A Ehrman
6. Mother's Maiden Name, Albaugh
7. Mother's Birthplace, Balto City
8. Full Name of Father, Alex. H. Ehrman
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return H. W. Owings

Address, Big Madison Av

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

95627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Francis Lambdin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) ——— White,
3. Date of Birth, July 27th 1887,
4. Place of Birth, (Street and Number) 1320 W. Lombard. St.
5. Full Name of Mother, Francis Jane Lambdin,
6. Mother's Maiden Name, " " Sinthicum
7. Mother's Birthplace, Madison. Md.
8. Full Name of Father, Charles S. Lambdin,
9. Father's Occupation, Machinist,
10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp. St.

Remarks, GIVEN NAME ADDED. 6-12-52

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th July 87

4. Place of Birth, (Street and Number) 1011 Arlington Av

5. Full Name of Mother, Mary H. Mills

6. Mother's Maiden Name, McMullen

7. Mother's Birthplace, Balto City

8. Full Name of Father, Walter D Mills

9. Father's Occupation, Clerk

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return H. W. Owings

Address. 1319 Madison Av.

Remarks, Name of child: Walter Bruce Mills

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95629.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 27th 1887
4. Place of Birth (Street and Number),	603 Burgundy Alley.
5. Full Name of Mother,	Bertha Meirsch
6. Mother's Maiden Name,	Bertha Gosorius
7. Mother's Birthplace,	Truogau-Germany-
8. Full Name of Father,	Wm Meirsch
9. Father's Occupation,	Machinist
. Father's Birthplace,	Marburg Germany.
Name of Medical Attendant, or other person who makes this Return.	~~Dr L Hammer~~
Address,	~~cor Longaut & Crut Ave~~
Remarks,	Mrs Seebach. 735 N Port St

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the said regulations of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as the fines and forfeitures

Publishing Co. City Printers and Stationers.

RETURN OF A BIRTH. 95630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July, 27, 1887
4. *Place of Birth, (Street and Number)* 834 Howard st
5. *Full Name of Mother,* Rosie Duffiells
6. *Mother's Maiden Name,* Rosie Hutson
7. *Mother's Birthplace,* Snowhill Md
8. *Full Name of Father,* Sandus Duffiells
9. *Father's Occupation,* Wagoner
10. *Father's Birthplace,* Snow Hill Md

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warner St

Remarks, Doing well

BEALTH DEPARTMENT, 1887 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Secon Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color Race
3. Date of Birth July 27 = 1887
4. Place of Birth, (Street and Number) Howard st 834 (South)
5. Full Name of Mother, Rosa Duffiell
6. Mother's Maiden Name, Rosa Hutson
7. Mother's Birthplace, Snow Hill
8. Full Name of Father, Sandus Duffiell
9. Father's Occupation, Wagoner
10. Father's Birthplace, Snow Hill

Name of Medical Attendant, or other Person who makes this Return. Abrilla Brooks

Address, 1132 Warner st

Remarks, baby born 3 clock P St died 6. P St July 27

Under Taker Sorrel & Handy 416 Cross st

JUL 28 1887 HALTIMORE MD

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 27th 1887

4. *Place of Birth (Street and Number),* Cor East & Ensor Sts

5. *Full Name of Mother,* Ellen Kelly

6. *Mother's Maiden Name,* Ellen Mooney

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Thomas Kelly

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. W. F. Jones M.D

Address, 1538 Freemont Ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95632.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, July 27 – 1887

4. Place of Birth (Street and Number), E Lombert St.

5. Full Name of Mother, Salie Mc Nolty

6. Mother's Maiden Name, Murphy

7. Mother's Birthplace, England

8. Full Name of Father, Wm Mc Nolty

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

HEALTH DEPARTMENT AUG 4 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* July 2 94

4. *Place of Birth (Street and Number),* 119 Druid Hill Ave

5. *Full Name of Mother,* Jane Butler

6. *Mother's Maiden Name,* Lee Spencer

7. *Mother's Birthplace,* Harrisonburg

8. *Full Name of Father,* James Butler

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* St marys

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson Street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, July 27th 1887

4. Place of Birth (Street and Number), Baltimore, Baltimore County

5. Full Name of Mother, Lena Miller

6. Mother's Maiden Name, Lena Mulary

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Miller

9. Father's Occupation, Saber

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss M Sheffer

Address, 1139 Ridgley St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), male

2. Race or Color (if not of the white race),

3. Date of Birth, July 27th 1887

4. Place of Birth (Street and Number), Baltimore 1136 Ridgley St

5. Full Name of Mother, Annie M Small

6. Mother's Maiden Name, Annie M. Crawley

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ernest Small

9. Father's Occupation, Paper Box Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, 1139 Ridgley St

Remarks,

the Commissioner of Health, in the manner and within the period who shall hereafter fail to comply with the provisions of this s for each offence, to be recovered as other fines and forfeitures

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 & 9 Child
Sex (state whether male or female),	Twins
2. Race or Color (if not of the white race),	Both Males
3. Date of Birth,	July 27 — 1887.
4. Place of Birth (Street and Number),	1505 Clarkson st.
5. Full Name of Mother,	Rosa Paulus
6. Mother's Maiden Name,	Wieland
7. Mother's Birthplace,	America
8. Full Name of Father,	Paul Paulus
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife
Address,	1032 Hanover st
Remarks,	

HEALTH DEPARTMENT, AUG 5 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any other person in persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female) female

2. Race or Color, (~~if not~~ of the white race)

3. Date of Birth July 27/87

4. Place of Birth, (Street and Number) 304 N Pine St.

5. Full Name of Mother, Caroline Laur.

6. Mother's Maiden Name, " Lieb.

7. Mother's Birthplace, Balt

8. Full Name of Father, John Laur.

9. Father's Occupation, Clerk.

Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr W P Morgan

Address, 315 W Monument St.

Remarks, "

HEALTH DEPARTMENT, AUG 27 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH

95638.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Matilda Wissussek

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8tes Child

Sex (state whether male or female), Girl

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Geboren 27ten July

4. *Place of Birth (Street and Number),* 612 Schäppel Str

5. *Full Name of Mother,* Eva (~~Wietusick~~) Wissussek

6. *Mother's Maiden Name,* Eva Eicker

7. *Mother's Birthplace,* Germania

8. *Full Name of Father,* Fred. (~~Wietusick~~) Wissussek

9. *Father's Occupation,* Capner

10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, No 517 S. Dallas St.

Remarks, Hebamme

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95639.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 27 of July 1887

4. Place of Birth (Street and Number), No 1063 Little Canada

5. Full Name of Mother, Mary Griffin

6. Mother's Maiden Name, Mary Conway

7. Mother's Birthplace, Ireland

8. Full Name of Father, Micheal Griffin

9. Father's Occupation, Stone cutter

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mr Ch Lowe

Address, No 959 Hanford Ave

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY, BOARD OF HEALTH, JUL 28 1887

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

95640.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thog Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, The 27 of July 1857

4. Place of Birth (Street and Number), No 1013 Ensor St

5. Full Name of Mother, Bernadina Moller

6. Mother's Maiden Name, Bernadina Schafer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Moller

9. Father's Occupation, Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY JUL 28 1887

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 28th 1887
4. *Place of Birth (Street and Number),* 672 Dallas st
5. *Full Name of Mother,* Teresa Lushafer
6. *Mother's Maiden Name,* " " Toney
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Larina Lushafere
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1844 Bank st

Remarks,

AUG 1 1887 BALTIMORE

Who shall hereafter fail to comply with the provisions of this Return, or shall be guilty of any other offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28 1887

4. Place of Birth, (Street and Number) Parkin St No 216

5. Full Name of Mother, Elisebeth McKerwen

6. Mother's Maiden Name, Elizebeth Magee

7. Mother's Birthplace, Belfast irland

8. Full Name of Father, John McKerwen

9. Father's Occupation, labor

10. Father's Birthplace, irland

Name of Medical Attendant, or other Person who makes this Return. Charine Mitchell

Address, Caldner Alley 112 N

Remarks,

HEALTH DEPARTMENT, AUG 4 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third,

1. Sex, (state whether male or ~~female~~) Male,

2. Race or Color, (if not of the white race) Black

3. Date of Birth, July 28th 1887,

4. Place of Birth, (Street and Number) 115 W Lombard St.

5. Full Name of Mother, Cynthia Johnson Col

6. Mother's Maiden Name, Do

7. Mother's Birthplace, West Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. A L Hatty

Address, 115 W Lombard St

Remarks, City

HEALTH, BALTIMORE, MD. AUG 2 1887

...persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeits.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH 95644.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 28 June 1887
4. *Place of Birth (Street and Number),* 105 S Register St
5. *Full Name of Mother,* Julian Trubert
6. *Mother's Maiden Name,* Julian Fitzeye
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Trubert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N Washington St

Remarks,

JUL 30 1887 BALTIMORE CITY

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	July The 28th
4. Place of Birth (Street and Number),	Baltimore rundle St No 124
5. Full Name of Mother,	Mary H Metzger
6. Mother's Maiden Name,	Keth
7. Mother's Birthplace,	Frederick
8. Full Name of Father,	Barth Metzger
9. Father's Occupation,	laborer
10. Father's Birthplace,	germany
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Kathorn
Address,	light St No 1414
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95646.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 28th 1887

4. *Place of Birth (Street and Number),* 1323 North Stricker Street

5. *Full Name of Mother,* Ida Virginia Miller

6. *Mother's Maiden Name,* Ida Virginia Ashlock

7. *Mother's Birthplace,* Norfolk Virginia

8. *Full Name of Father,* William Henry Miller

9. *Father's Occupation,* Iron and Steel Iron Worker

Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. J. C. Timmins

Address, 212 Franklin Street

Remarks,

the Commissioner of Health, in the manner and within the p
who shall hereafter fail to comply with the provisions of this
for each offence, to be recovered as other fines and forfeiture

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 28th 1887
4. *Place of Birth (Street and Number),* #1027 Hillen St
5. *Full Name of Mother,* Sophie Jaeger
6. *Mother's Maiden Name,* Bast
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* E. A. Jaeger
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegen

Address, #182 E Monument St

Remarks, 1038 (New Number)

AUG 6 1887 BALTIMORE CITY

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 thro

1. *Sex (state whether male or female),* Femal
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 2d th
4. *Place of Birth (Street and Number),* 722 Tyson street
5. *Full Name of Mother,* Minnie Carroll
6. *Mother's Maiden Name,* ''''''' ''''''
7. *Mother's Birthplace,* Hartford County
8. *Full Name of Father,* Frank Carroll
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return. Annie Johnson

Address, 710 Tyson Street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 6 1917 BALTIMORE

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95649.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 28th 1887
4. *Place of Birth (Street and Number),* #1299 Washington St
5. *Full Name of Mother,* Emma Smith
6. *Mother's Maiden Name,* " Johns
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegust

Address, #182 E. Monument St

Remarks, 1038 (New Number)

HEALTH DEPARTMENT, AUG 1887 BALTIMORE MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 3
Sex, (state whether male or female)	Female
Race or Color, (if not of the white race)	White
Date of Birth,	July 28/87
Place of Birth (Street and Number)	934 Hadson Ave
Full Name of Mother,	Annie R Laubheimer
Mother's Maiden Name,	Letzer
Mother's Birthplace,	Baltimore
Full Name of Father,	Wm Laubheimer
Father's Occupation,	(Clerk) Bookkeeper
Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, July 28"

4. Place of Birth (Street and Number), Tue Sying-in Hosp. 622 N Somerset st

5. Full Name of Mother, Annie Hall

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Scott Bell

9. Father's Occupation, painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. E. Neale M.D.

Address, per F. W. Miller [illegible] 319 N Monument St

Remarks,

HEALTH DEPARTMENT AUG 1 1898 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 28th 1897
4. Place of Birth (Street and Number),	No. 6 Frederick
5. Full Name of Mother,	Cathrin Kerr.
6. Mother's Maiden Name,	" " Healey
7. Mother's Birthplace,	Eirland
8. Full Name of Father,	Edward Kerr.
9. Father's Occupation,	Liquore Dealer
10. Father's Birthplace,	Eirland.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE AUG 18

olishing Co., City Printers and Stationers

RETURN OF A BIRTH 95653.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, 28 July 1887

4. Place of Birth (Street and Number), 921 S Sharpe St

5. Full Name of Mother, Anna Weyrich

6. Mother's Maiden Name, Brauer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John H Weyrich

9. Father's Occupation, Barber

10. Father's Birthplace, Harford County Md

Name of Medical Attendant, or other person who makes this Return. Kathrine Mauch

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 28 — 1887.
4. Place of Birth (Street and Number),	1341 Charles st.
5. Full Name of Mother,	Gusta Engelhardt
6. Mother's Maiden Name,	Winkelmann.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	John Engelhardt.
9. Father's Occupation,	Cabnet maker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

AUG 5 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* July 28 th. 1887.
4. *Place of Birth, (Street and Number)* 827 Barre St. Baltimore
5. *Full Name of Mother,* Caroline Ferree.
6. *Mother's Maiden Name,* Caroline Clements.
7. *Mother's Birthplace,* Agusta County Va.
8. *Full Name of Father,* Alexander Ferree
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Cross

Address, New No. 413 Appleton St.

Remarks,

report its birth to the Commissioner of Health, in the manner and
or persons who shall hereafter fail to comply with the provisions of
for each offence to be received as other fines and forfeitures are re
are recoverable.

HEALTH DEPARTMENT BALTIMORE

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95656.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 9 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 28 July 1887
4. *Place of Birth (Street and Number),* No 9 [illegible] Ave
5. *Full Name of Mother,* Mary Hall
6. *Mother's Maiden Name,* Mary Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hall
9. *Father's Occupation,* Livery Stable
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, No 1059 [illegible]

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JUL 30 1887 BALTIMORE CITY

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 75657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	28th June
4. *Place of Birth (Street and Number),*	2325 Eutaw St
5. *Full Name of Mother,*	Elizabeth Conner
6. *Mother's Maiden Name,*	E. J. Koehler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Francis P. Conner
9. *Father's Occupation,*	Distiller
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Lately and Bro Mills
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and fo

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 95658.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 29 of July 1887

4. Place of Birth (Street and Number), No 90 Gorsuch [illegible]

5. Full Name of Mother, Cathrine George Dead

6. Mother's Maiden Name, Cathrine George

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob George

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, Mer Bal Med

Remarks, No 1059 Harford Ave

1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95659.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 29th July, 1887
4. *Place of Birth (Street and Number),* 907 Eastern Ave
5. *Full Name of Mother,* Clara L. Yager
6. *Mother's Maiden Name,* Cohn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Yager
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

AUG 1 1887 BALTIMORE

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 95660

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1887.
4. *Place of Birth, (Street and Number)* 564 Mulberry St
5. *Full Name of Mother,* Martha J. Goldberg
6. *Mother's Maiden Name,* Martha J. Scanlan
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* Dr Max Goldberg
9. *Father's Occupation,* Chiropodist
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other Person who makes this Return H. H. Biedler MD

Address, # 119 W. Saratoga St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter violate, or comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH, AUG 1887 BALTIMORE MD.

PRINTERS AND STATIONERS.

RN OF A BIRTH 95661

of Vital Statistics, Board of Health, Baltimore City.

Female. No. of Child of Mother.	1
r Color.	W (95661)
	July 29th
of Birth, P.	134 Scott St
ame of Mother.	
's Maiden Name.	Mary Carson
's Birthplace.	Baltimore
ame of Father.	Joseph Bonny
s Occupation.	Laborer
's Birthplace.	Baltimore
N	
s Mr. Horigan	
412 Scott St	

ether 1st, ~~2d, 3d,~~ &c.)	
emale),	Female
white race),	White
	July 29th 87
umber),	134 Scott St
	Mary Carson
	Balto
	Joseph Bonny
	Laborer
	Balto
other person who makes this Return.	Mrs M Horigan
	412 Scott St

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blish

RETURN OF A BIRTH

Over 95662.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mamie Hornberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 29th. 1887
4. *Place of Birth (Street and Number),* Deanie 422 B Paterson Park av.
5. *Full Name of Mother,* " ~~Tina~~ ~~Hamburger~~ Hornberger
6. *Mother's Maiden Name,* " ~~Tina~~ ~~Johnson~~ Janssen
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John ~~Hamburger~~ Hornberger
9. *Father's Occupation,* Typsetter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 S.W. cor Central av. Monument St.

Remarks, Ade

who shall hereafter fail to comply with the provisions of this section, in the manner as above, and any such person or persons for each offence, to be recovered as other fines and penalties are recoverable.

AUG 4 1887 BALTIMORE, MD.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1887
4. *Place of Birth, (Street and Number)* 113 W. Lombard St
5. *Full Name of Mother,* Ginny Mattson
6. *Mother's Maiden Name,* D.
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Hutton

Address, 113 W. Lombard St

Remarks, City

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH.

95664.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (~~if not~~ of the white race)*
3. *Date of Birth* July 29th
4. *Place of Birth, (Street and Number)* 252 W Hoffman St
5. *Full Name of Mother,* Emily M Cushing
6. *Mother's Maiden Name,* Marriot
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Wylie E Cushing
9. *Father's Occupation,* Gentleman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. P. Morgan

Address, 315 West Monument

Remarks,

HEALTH DEPARTMENT, AUG 7 1886, BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 29th
4. *Place of Birth (Street and Number),* 410 So Paca
5. *Full Name of Mother,* Laura Lando
6. *Mother's Maiden Name,* Laura Kraas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Lando
9. *Father's Occupation,* Furrier
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 529 Columbia Ave

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

95666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29th 1887.
4. Place of Birth, (Street and Number) 141 Penna. Ave.
5. Full Name of Mother, Mary E. Gartside
6. Mother's Maiden Name, Simonds
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Albert D. Gartside
9. Father's Occupation, Moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1821 Mad. Ave.

Remarks,

BALTIMORE AUG 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply, [illegible] for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95667.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* May 29 1887
4. *Place of Birth (Street and Number),* 1513 Chew St
5. *Full Name of Mother,* Lizzie Bobbitzky
6. *Mother's Maiden Name,* Lizz Brusak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Gabitzky
9. *Father's Occupation,* Laborow
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. May Koptish

Address, 509 N Washington St

Remarks, "

HEALTH DEPARTMENT JUL 30 1887 BALTIMORE

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95668.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, July 29. 8
4. Place of Birth (Street and Number), 832 E. Balt
5. Full Name of Mother, Mrs. Susan Mary Dee Vernon McComas
6. Mother's Maiden Name, Mrs " " "
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, David Street McComas
9. Father's Occupation, Salesman
10. Father's Birthplace, Deer Creek, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M.D.

Address, 2000 E. Balt. St.

Remarks, Natural delivery

BEALTH DEPARTMENT, AUG 1907 BALTIMORE MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 5669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), First Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 29. 1887

4. *Place of Birth (Street and Number),* Baltimore. Scott. # 4. 18

5. *Full Name of Mother,* Mrs Mary J. Lee.

6. *Mother's Maiden Name,* Mary J. Clark.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James E. Lee.

9. *Father's Occupation,* Machinest

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 Cross St

Remarks,

the Commissioners shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95670.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 29th,

4. *Place of Birth, (Street and Number)* Light St No 1948

5. *Full Name of Mother,* Laura Jane Kelley

6. *Mother's Maiden Name,* Laura Jane Brooks,

7. *Mother's Birthplace,* ~~Joseph~~ Kelley Baltimore

8. *Full Name of Father,* Joseph Kelley

9. *Father's Occupation,* Printer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return E. T Tully

Address, 1828 Light St

Remarks, doing Well

BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95671.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 29th July 1887
4. *Place of Birth (Street and Number),* 1613 Baker St
5. *Full Name of Mother,* Metta Bonds
6. *Mother's Maiden Name,* Wen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Nelkie Bonds
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr Mesenthal

Address, 609 Mosher

Remarks,

and forfeitures are recoverable.
for each offence, to be recovered as other fines and for

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9.56.72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white

3. Date of Birth, July 29th 1887

4. Place of Birth (Street and Number), 6120 Mullberry St

5. Full Name of Mother, Paulina Durr

6. Mother's Maiden Name, " Eberhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Jos. Durr

9. Father's Occupation, Ciga Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A Mesey the

Address, 609 Mosher St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

95673.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, JUN 28 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex (state whether male or female) Male.
2. Race or Color (if not of the white race) White race.
3. Date of Birth July 29. 1887.
4. Place of Birth (Street and Number) No 911 Drudehill Avenue.
5. Full Name of Mother Marey Joh.
6. Mother's Maiden Name Marey Kreiner
7. Mother's Birthplace in Baltimore
8. Full Name of Father George Joh.
9. Father's Occupation a Lear hipper
10. Father's Birthplace in Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 538 Biddel Alley,

Remarks

RETURN OF A BIRTH 9.5674.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th 1887

4. Place of Birth, (Street and Number) 807 Harlem Avenue

5. Full Name of Mother, Camilla Chaffinch Dunadt

6. Mother's Maiden Name, Camilla Chaffinch

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Augustus Dunadt

9. Father's Occupation, Hardware Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address, 871 Harlem Avenue

Remarks.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95675.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 29 1887
4. *Place of Birth (Street and Number),* 615 Canton ave
5. *Full Name of Mother,* Nancy Geptman
6. *Mother's Maiden Name,* " " Shepherd
7. *Mother's Birthplace,* Cong
8. *Full Name of Father,* George Geptman
9. *Father's Occupation,* Arabe
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzie Betz

Address, 1744 Bank st

Remarks,

BALTIMORE CO.

for each offence, to be recovered as other [illegible] and [illegible] are recoverable.

...ching Co., City Printers and Stationers

RETURN OF A BIRTH 95676.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 29 1887
4. *Place of Birth (Street and Number),* 2314 Bth 6 Museum st
5. *Full Name of Mother,* Gusta Lenck
6. *Mother's Maiden Name,* " " Marten
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Lenck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1244 Bank st

Remarks,

BALTIMORE, MD.

for each offence, to be recovered as other [illegible] and forfeit [illegible] are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 30 of July

4. Place of Birth (Street and Number), 300 Potomak St (Canton)

5. Full Name of Mother, Heitzenreder

6. Mother's Maiden Name, Lizzi Greifenstein

7. Mother's Birthplace, Balto.

8. Full Name of Father, Michael Heitzenreder

9. Father's Occupation, Labeln

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

JUL 30 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	July 30th 1897
4. *Place of Birth (Street and Number),*	924 E. Biddle st.
5. *Full Name of Mother,*	Julia Fisher
6. *Mother's Maiden Name,*	" Handwerger
7. *Mother's Birthplace,*	Balti.
8. *Full Name of Father,*	Lazarus H. Fisher
9. *Father's Occupation,*	Musician
10. *Father's Birthplace,*	Balti.
Name of Medical Attendant, or other person who makes this Return.	D. Stark Hall M.D.
Address,	403 N. Exeter st.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE

shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95679.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

BOARD OF HEALTH, AUG 4 1897 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 97
4. Place of Birth (Street and Number)	1730 McCulloh St.
5. Full Name of Mother	Miriam S Richardson
6. Mother's Maiden Name	Sewell
7. Mother's Birthplace	Balto.
8. Full Name of Father	John A Richardson
9. Father's Occupation	Clerk
10. Father's Birthplace	D.C.
Name of Medical Attendant, or other Person who makes this Return.	H. W. Owings
Address	139 Madison Ave
Remarks	

RETURN OF A BIRTH, 96680.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth* July 3rd 1887

4. *Place of Birth, (Street and Number)* 1227 N. Longfellow St

5. *Full Name of Mother* Alberta Davis

6. *Mother's Maiden Name* Alberta Robbs

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* S. N. Davis

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. McKenney

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH 95681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Negro

3. Date of Birth, July 30 — 1887

4. Place of Birth (Street and Number), 1404 Union St.

5. Full Name of Mother, Ephelie Hutchins Linson

6. Mother's Maiden Name, Hutchins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Harry Linson

9. Father's Occupation, Can Maker

Father's Birthplace, Harford County

Name of Medical Attendant, or other person who makes this Return. Mary Stern

Address, 1427 E. Pratt St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 95682.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 te

Sex, (state whether male or female) Bube

2. *Race or Color, (if not of the white race)* Witte 1887

3. *Date of Birth* 30 ter Juli 1887

4. *Place of Birth, (Street and Number)* Hannover Strait No 137

5. *Full Name of Mother,* Marica Glass

6. *Mother's Maiden Name,* Trioster

7. *Mother's Birthplace,* Germanien

8. *Full Name of Father,* Niklaus Glass

9. *Father's Occupation,* Wortmann

Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Hiet Strait No 60

Remarks,

BEALTH DEPARTMENT, AUG 4 1887 BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH, 95683.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 30th 1887
4. *Place of Birth, (Street and Number)* 5 S. Broadway
5. *Full Name of Mother* Josephine Herzog
6. *Mother's Maiden Name* Josephine Schwartz
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Charles Herzog
9. *Father's Occupation* Attorney
10. *Father's Birthplace* Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 S. Broadway

Remarks

RETURN OF A BIRTH

95684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 30th 9 A.M. 1887
4. *Place of Birth, (Street and Number)* 312 N. Ann
5. *Full Name of Mother,* Emma Mathews
6. *Mother's Maiden Name,* E. Collins
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Henry Mathews
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle M D

Address, 1701 E. Baltimore St.

Remarks,

BRANCH OF BIRTHS, AUG 2 1887, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(5th) Fifth
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 30th 1887
4. Place of Birth (Street and Number),	855 Woodward St
5. Full Name of Mother,	Lena Bertholdt
6. Mother's Maiden Name,	" Schneider
7. Mother's Birthplace,	Philadelphia Pa
8. Full Name of Father,	Frederick Bertholdt
9. Father's Occupation,	Jeweler
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Kathrin Munsch
Address,	806 Sudenhall St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of (fifty) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95686.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, July 30th 1887

Place of Birth, (Street and Number) 222 S. Greene St.

Full Name of Mother, Victorine Glaeser

Mother's Maiden Name, Ehret

Mother's Birthplace, Baltimore

Full Name of Father, Richard M. F. Glaeser

Father's Occupation, Jeweler

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — Wm Gaudet M.D.

Address, 610 S. Sharp St.

Remarks,

BOARD OF HEALTH BALTIMORE

RETURN OF A BIRTH 95687.

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Charles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● *Sex (state whether male or female),*

2. Race or Color (if not of the white race),

3. Date of Birth, July 30 - 1887

4. Place of Birth (Street and Number), Baltimore S. Sharp St 822

5. Full Name of Mother, Katie Schmalgemeyer

6. Mother's Maiden Name, Katie Frank.

7. Mother's Birthplace, Germany

8. Full Name of Father, Emil Schmalgemeyer

9. Father's Occupation, Laborer

● *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Kathrine Munch

Address, 806 Leadenhall St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BOARD OF HEALTH DEPARTMENT BALTIMORE CITY

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95688.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White race.
3. *Date of Birth,* 30th of July
4. *Place of Birth (Street and Number),* 1441 Battery Ave.
5. *Full Name of Mother,* Mrs. Annie Stockett
6. *Mother's Maiden Name,* Miss Annie Weyler
7. *Mother's Birthplace,* ~~Mrs. Baltimore Stockett~~
8. *Full Name of Father,* Mr George W Stockett
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Conaway

Address,

Remarks,

BALTH DEPARTMENT AUG 4 1888 BALTIMORE, MD.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95689.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White.

3. Date of Birth, born July. 30.

4. Place of Birth (Street and Number), No. 40. S. Carrollton ave

5. Full Name of Mother, Elisabeth Walther.

6. Mother's Maiden Name, Baer.

7. Mother's Birthplace, Baltimore. City

8. Full Name of Father, George Walther.

9. Father's Occupation, Bakery.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Dunker

Address, 217. N. Scroder St

Remarks, City.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Josephine

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* June 30 1952

4. *Place of Birth, (Street and Number)* 513 E. Hamburg Ave

5. *Full Name of Mother,* Cath. E. Russell

6. *Mother's Maiden Name,* " " Rue

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Michael Russell

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return. J. L. Whitten

Address, 2206 E. Biddle

Remarks, GIVEN NAME ADDED 7-31-52

, City Printers and Stationers.

RETURN OF A BIRTH 95691.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 30th 1897

4. *Place of Birth, (Street and Number)* 82 N. Eo. Saratoga & Summit.

5. *Full Name of Mother,* Mary Morrison

6. *Mother's Maiden Name,* " O Thornby.

7. *Mother's Birthplace,* England

8. *Full Name of Father,* James Morrison

9. *Father's Occupation,* Clerk

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Thomas F Hill Jr M.D.

Address, 17 N. Calhoun St.

Remarks,

Printers and Stationers

RETURN OF A BIRTH 95692.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 30 87.
4. Place of Birth, (Street and Number)	707 Harford Ave.
5. Full Name of Mother,	Mary E. Brown
6. Mother's Maiden Name,	" " Fanning
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	Edward Brown
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return	J. H. Robinson
Address,	725 Gru
Remarks,	

Missing #95693

RETURN OF A BIRTH.

95694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth July. 30, 1887.

4. Place of Birth, (Street and Number) 506 West St

5. Full Name of Mother, Betta Dunkin

6. Mother's Maiden Name, Betta Gardner

7. Mother's Birthplace, West Virginia Ind

8. Full Name of Father, Robert Dunkin.

9. Father's Occupation, Labor

10. Father's Birthplace, Lancaster

Name of Medical Attendant, or other Person who makes this Return. Cabrilla Brooks.

Address, 1132 Warren St

Remarks, Doing well

AUG 1 1887 BALTIMORE

report its birth to the Commissioner of Health, in the
or persons who shall hereafter fail to comply with the p
for each offence to be recovered as other fines and forfe

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Ch

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 30 1887
4. *Place of Birth, (Street and Number)* No 1114 Hornby Lane
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Easton Shore Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Charlotte Proxton Med Wife

Address, No. 511 Carlton St.

Remarks,

BEALTH DEPARTMENT, BALTIMORE CITY, AUG 3 1887

...or persons who shall hereafter fail to comply with the ... are recoverable, ... subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and ...

...Co., City Printers and Stationers.

RETURN OF A BIRTH

95696.

Name: Gregory Campbell

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 1887
4. *Place of Birth, (Street and Number)* 546 Roberts
5. *Full Name of Mother,* Mary Catherine Campbell
6. *Mother's Maiden Name,* Flynn
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Thos Campbell
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1821 Mad. Ave

Remarks,

report its birth to the Commissioner of Health, or [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 1 1887 BALTIMORE MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 30th 11.20 P.M. 1887

4. *Place of Birth, (Street and Number)* 522 S. Broadway

5. *Full Name of Mother,* Louise Matilda Kirby

6. *Mother's Maiden Name,* L. M. Abel

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Nathan Lent Kirby

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address, 1701 E Baltimore St.

Remarks,

be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95698.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th.
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	July 30, 1887
4. *Place of Birth (Street and Number),*	504 Rowe St.
5. *Full Name of Mother,*	Nancy Reynolde
6. *Mother's Maiden Name,*	Nancy Miller
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Irving Reynolds
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

the Commissioner of Health, in the manner and within the period
who shall hereafter fail to comply with the provisions of this section
for each offence, to be recovered as other fines and forfeitures are

BOARD OF HEALTH DEPARTMENT OF VITAL STATISTICS BALTIMORE

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 30. of July
4. Place of Birth, (Street and Number) Baltimore. md 914. Coulmbye. av
5. Full Name of Mother, Cathrine. V. Stagge
6. Mother's Maiden Name, Cathrine V. Henthorn
7. Mother's Birthplace, Baltimore. Dd.
8. Full Name of Father, J. F. Henary. Stagge
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore. Dd.

Name of Medical Attendant, or other Person who makes this Return. Mrs Gross

Address, old no 128 S. Poppleton st new no. 413.

Remarks,

HEALTH DEPARTMENT AUG 4 1897 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and form of the provisions of this Section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 95700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Magnus Carroll Johenning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 30. 87
4. *Place of Birth (Street and Number),* 1013. N Calhoun st Balto City
5. *Full Name of Mother,* Mary Elezebeth Johenning
6. *Mother's Maiden Name,* " " " Metzung
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Ernest Johenning
9. *Father's Occupation,* Asst Foreman at Mt Clare
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappelton St

Remarks, GIVEN NAME ADDED. 12-15-52

HEALTH DEPARTMENT AUG 4 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 30th
4. *Place of Birth (Street and Number),* 3108 Elliot st
5. *Full Name of Mother,* Eva Koermer
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Koermer
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Pauline Lierbemun

Address, No 1225 Hurl St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether male or female),* Girl.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 31st of July 1887.
4. *Place of Birth (Street and Number),* 125 North Chapel street.
5. *Full Name of Mother,* Barbra Reitinnie
6. *Mother's Maiden Name,* Barbra Martina
7. *Mother's Birthplace,* Böhemia
8. *Full Name of Father,* Frank Martina
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel

Remarks, Healthy.

the Commissioner of Health, in the manner and within the period above required, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95703.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31 /87
4. Place of Birth, (Street and Number) 2330 F. M. Ave.
5. Full Name of Mother, Clarissa Rebecca Hunt
6. Mother's Maiden Name, Askey
7. Mother's Birthplace, City
8. Full Name of Father, John Henry Hunt
9. Father's Occupation, Life Insurance Agent
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

BEALTH DEPARTMENT AUG 4 1887 BALTIMORE, MD.

...be in attendance upon the Commissioner of Health, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

X95704A

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th (~~first~~)
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 31. 1887
4. *Place of Birth, (Street and Number)*	R. W. Cor. High & Fawn Sts
5. *Full Name of Mother,*	Elizabeth Curran
6. *Mother's Maiden Name,*	Elizabeth Williamson
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Joseph Curran,
9. *Father's Occupation,*	Confectioner.
Father's Birthplace,	Maryland
Name of Medical Attendant, or other Person who makes this Return	D. W. Hench MD
Address,	1005 E Baltimore St
Remarks,	

duty of the parent or parents of such child to register the same within the period above required, except in the cases of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95705.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third Child

1. Sex, (state whether male or female) it is a Mail Child
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, Born on the 31 of July 1887
4. Place of Birth, (Street and Number) No Sartoga and Schroder St
5. Full Name of Mother, annie Rit
6. Mother's Maiden Name, annie Spaler
7. Mother's Birthplace, Born in Baltimore MD.
8. Full Name of Father, august Rit
9. Father's Occupation, Car Bonter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mid Wife hairett hutson

Remarks, No 1013 harmoney lane Balto

report its birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child,

1. *Sex (state whether male or female),* Female,
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sunday 31st July
4. *Place of Birth (Street and Number),* Balto. Sharp St. No 914,
5. *Full Name of Mother,* Annie M. Ritter.
6. *Mother's Maiden Name,* Annie M. Bartz.
7. *Mother's Birthplace,* Pittsburg Balto.
8. *Full Name of Father,* William P. Ritter,
9. *Father's Occupation,* Clerk in Sothern Star
10. *Father's Birthplace,* Balto
- *Name of Medical Attendant,* or other person who makes this Return. Augusta Bosien
- *Address,* 927 Hanover St.
- *Remarks,*

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wilding Co., City Printers and Stationers.

RETURN OF A BIRTH 95707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* July 31 1887
4. *Place of Birth, (Street and Number)* 1011 Chapel St
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary Manley
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Henry Johnson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Anarundle Co

Name of Medical Attendant, or other Person who makes this Return Lucinelia Woolford

Address, 432 Register St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT AUG 5 1887

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 95708,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether male or female), male & Freemale
2. Race or Color (if not of the white race), white
3. Date of Birth, 31st of July 1887
4. Place of Birth (Street and Number), City of Baltimore 1610 North Gilmore St
5. Full Name of Mother, Julia Ann Clarke
6. Mother's Maiden Name, " " Stonesburg
7. Mother's Birthplace, Westminster-Carroll County Maryland
8. Full Name of Father, Alfred Fales Clarke
9. Father's Occupation, Practical Straw Hatter
10. Father's Birthplace, Walpole Mass

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppelton St

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT, AUG 4 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95709.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 Juli
4. *Place of Birth, (Street and Number)* 142 Langeste Street
5. *Full Name of Mother,* Anna Kurzrowitz
6. *Mother's Maiden Name,* Kurosky
7. *Mother's Birthplace,* Wongrowice Germany
8. *Full Name of Father,* Jan Kurosky
9. *Father's Occupation,* — — — — —
10. *Father's Birthplace,* Gnezen

Name of Medical Attendant, or other Person who makes this Return. Marie Güttner

Address, 428 S. Wolf Street.

Remarks,

for each offense to be recovered as other

..., City Printers and Stationers.

RETURN OF A BIRTH 95710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colord

Date of Birth, July 31-1897

Place of Birth, (Street and Number) 1011 North & Chapel St

Full Name of Mother. Mary Seaphus

Mother's Maiden Name. Mary Coplin age 24

Mother's Birthplace, Edenton N C

Full Name of Father. Thomas J Seaphus age 23

Father's Occupation, Brickmaker

Father's Birthplace, Cambridge M d

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, 126 E. Chapel St

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH. 95711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 31st July
4. *Place of Birth, (Street and Number)* 906 Ramsey St.
5. *Full Name of Mother,* Eliza Bell
6. *Mother's Maiden Name,* Eliza Rogers
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* George W. Bell
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. K. Cross

Address, 41 [illegible] Appleton

Remarks,

Report as birth to the Commissioner of Health, the name of the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 31st 1887
4. *Place of Birth (Street and Number),* 250 Stockton Al
5. *Full Name of Mother,* Mary ~~Stanley~~ Lee
6. *Mother's Maiden Name,* Mary Stanley
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* William Lee
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Coolland

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 3 1887

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 31 July - 87
4. *Place of Birth (Street and Number),* Garrett ave. 1335
5. *Full Name of Mother,* Elise Kolch
6. *Mother's Maiden Name,* Schumacher
7. *Mother's Birthplace,* Strückhausen
8. *Full Name of Father,* Georg Kolch
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Syke

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, c/o Garrett ave Locustpoint

Remarks,

the Commissioner of Health, in the manner and within the period above specified, every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95714.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31. 1887.
4. Place of Birth, (Street and Number) 507 Clinton Ave.
5. Full Name of Mother, Ida Berger
6. Mother's Maiden Name, Anderson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Julius Berger
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. A. Christian M.D.

Address, 1821 Mad. Ave.

Remarks,

BALTIMORE, MD. AUG 1887

or persons who shall hereafter fail to comply with the provisions of this Return, shall be subjected to the fines and forfeitures for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 10-31-52

RETURN OF A BIRTH

95715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Matthew Laufer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31st. 5 20 P.M. 1887

4. Place of Birth, (Street and Number) 416 S. Ann

5. Full Name of Mother, Maggie Eliz. Laufer

6. Mother's Maiden Name, M. E. Winter

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Henry Laufer

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelle MD

Address, 1701 E Baltimore St

Remarks,

HEALTH DEPARTMENT AUG 2 1887 BALTIMORE, MD

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...& Co., City Printers and Stationers.

RETURN OF A BIRTH 95716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* July 31, 1897
4. *Place of Birth (Street and Number),* 1415 Hurd St.
5. *Full Name of Mother,* Sophie Davis
6. *Mother's Maiden Name,* Sophie Peters
7. *Mother's Birthplace,* Annapolis Md.
8. *Full Name of Father,* William Davis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return. W. L. Knight M.D.

Address, 513 Scott St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95717.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 1st 1887
4. Place of Birth (Street and Number),	1721 Cross St.
5. Full Name of Mother,	Sallie Euler
6. Mother's Maiden Name,	Sallie Faunty
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Chas. Euler
9. Father's Occupation,	Paper Box Manufacturer
10. Father's Birthplace,	Staunton Va
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bange
Address,	711 Cross St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 1st 1887
4. Place of Birth, (Street and Number),	510 Ottenein St
5. Full Name of Mother,	Kate Reuter
6. Mother's Maiden Name,	Kate Carl
7. Mother's Birthplace,	Philadelphia
8. Full Name of Father,	Henry Reuter
9. Father's Occupation,	Box Maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Bange
Address,	711 Cross St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recoverable.

RECEIVED AUG 3 1887 REGISTRAR'S OFFICE BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95719.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female.

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 1st 1877

4. *Place of Birth (Street and Number),* 44 Portland St

5. *Full Name of Mother,* Katriand Berger.

6. *Mother's Maiden Name,* " " " Bing

7. *Mother's Birthplace,* Balto Co.

8. *Full Name of Father,* John Daniel Berger.

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 W. Pratt St

Remarks,

who shall hereafter fail to comply with the provisions of this Section, shall be subjected to the fine of Ten Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 3 1877 BALTIMORE

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	July 1st. 1887.
4. *Place of Birth (Street and Number),*	No 4 Bruce St.
5. *Full Name of Mother,*	Maggie Strohmer
6. *Mother's Maiden Name,*	" Lasner
7. *Mother's Birthplace,*	Farchheim
8. *Full Name of Father,*	John S. Strohmer.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 95721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 17th 1887

4. *Place of Birth (Street and Number),* Fort ave no 180

5. *Full Name of Mother,* Louisa Martin

6. *Mother's Maiden Name,* Louisa Haris

7. *Mother's Birthplace,* Louisvil Kentucky

8. *Full Name of Father,* Charles A Martin

9. *Father's Occupation,* Shearer in glass works

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 b

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white race

3. Date of Birth, July 1

4. Place of Birth (Street and Number), 168 Fort ave Baltimore

5. Full Name of Mother, Dena Kern

6. Mother's Maiden Name, Dena Diehl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George V Kern

9. Father's Occupation, pot Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

DEPARTMENT, AUG 1 1897 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

98723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 1st 1887
4. Place of Birth, (Street and Number)	No 512 N. Fremont St
5. Full Name of Mother,	Laura V. Adams
6. Mother's Maiden Name,	Daiger
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Ro. W. Adams
9. Father's Occupation,	Shoe Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 95724.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 3th of July
4. *Place of Birth (Street and Number),* No 826 Sharp St
5. *Full Name of Mother,* Carrie Pauly
6. *Mother's Maiden Name,* Carrie Huter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pauly
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

HEALTH DEPARTMENT, AUG 1 1887 BALTIMORE, MD.

the Commissioner of Health, in the manner and within the period above required, [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether ~~male~~ or female),

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 3 July

4. *Place of Birth (Street and Number),* 1115 Warner st.

5. *Full Name of Mother,* Gertrude Schaumloeffel

6. *Mother's Maiden Name,* Gertrude Salomon

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Schaumloeffel

9. *Father's Occupation,* Glass Blower

10. *Father's Birthplace,* Alsesloan

Name of Medical Attendant, or other person who makes this Return. Kathrin Klunck

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* June 30 1882

4. *Place of Birth, (Street and Number)* 733 N. Lexington St.

5. *Full Name of Mother,* Elizabeth C Posey

6. *Mother's Maiden Name,* " " Wills

7. *Mother's Birthplace,* Charles Co Md.

8. *Full Name of Father,* C. H. Posey

9. *Father's Occupation,* Physician

10. *Father's Birthplace,* Charles Co Md.

Name of Medical Attendant, or other Person who makes this Return. L E Seale MD

Address, 619 N. Monument St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 98727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 3rd 1887

4. *Place of Birth, (Street and Number)* 1231 Bolton St

5. *Full Name of Mother,* Mary Meyer

6. *Mother's Maiden Name,* Mary Conway

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* E. J. Meyer

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other Person who makes this Return. G. W. Milton Berger

Address, 319 W Lexington St

Remarks,

HEALTH DEPARTMENT BALTIMORE AUG 1 1887

report its birth to the Commissioner of Health, in the manner and within the period above required, and any
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 8

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 4 July
4. *Place of Birth (Street and Number),* 528 Light St
5. *Full Name of Mother,* Mare Kunneck
6. *Mother's Maiden Name,* Mare Jockob
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* F. Kunneck
9. *Father's Occupation,* Liquor Dealers
10. *Father's Birthplace,* Grce Ruhelen Hanover Dauchland

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Dunler

Address, N. 217. N. Scroeder St

Remarks, Cit

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95729.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 4th 1887
4. *Place of Birth (Street and Number),* Baltimore City 1147 Ridgley St
5. *Full Name of Mother,* Sarah E. Woodall
6. *Mother's Maiden Name,* Sarah E Jackson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George W. Woodall
9. *Father's Occupation,* Box Maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, 1139 Ridgley St

Remarks,

AUG 5 1887

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 4th. 1887
4. *Place of Birth (Street and Number),* No 1116 Centrel av.
5. *Full Name of Mother,* T. Solback
6. *Mother's Maiden Name,* T. Brickmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Solback
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. B. Butt.

Address, 1245 S W. cor Centrel av. & Monument St.

Remarks, All Well

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95731.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 4th July
4. *Place of Birth (Street and Number),* No 826, Front. St.
5. *Full Name of Mother,* Mary Miller.
6. *Mother's Maiden Name,* Mary. Meir.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Miller.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Zink Midwife

Address, No 521 North Exeter St.

Remarks,

the Commissioner of Health, in the manner and within the [illegible] received, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 3 '87 BALTIMORE, MD.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95732.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.)

1. *Sex (state whether ~~male~~ or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 4 Jan. Juli. 1887.
4. *Place of Birth (Street and Number),* 1026. S. Scharls Street.
5. *Full Name of Mother,* Clara. Hohler.
6. *Mother's Maiden Name,* Grossmann.
7. *Mother's Birthplace,* Germania.
8. *Full Name of Father,* Leonhard Kohler.
9. *Father's Occupation,* Sattel. Macher.
10. *Father's Birthplace,* Germania.

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 1 188

BALTIMORE

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 4.

4. *Place of Birth (Street and Number),* Free Syng-in Hosp. 622 N. Somerset

5. *Full Name of Mother,* Elnora Connis

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Not known

9. *Father's Occupation,* " "

10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return. L. E. [illegible] per [illegible]

Address, 319 N. [illegible]

Remarks,

BALTIMORE

the Commissioner of Health, in the [illegible] and [illegible] the person [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 4 – 87
4. Place of Birth (Street and Number),	934 N Wolfe St
5. Full Name of Mother,	Emma V. Coulter
6. Mother's Maiden Name,	" " Bunce
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Marcella M. S. Coulter
9. Father's Occupation,	Laborer
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs. Mary A Allwell
Address,	912 McDonogh St
Remarks,	

BALTIMORE, MD. HEALTH DEPARTMENT, AUG 1 1887

the Commissioner of Health, in the manner and within the period above required, and any [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and [illegible] recoverable.

[illegible]blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 5th 1887

4. *Place of Birth (Street and Number),* #64 Chester St

5. *Full Name of Mother,* M. Bearns.

6. *Mother's Maiden Name,* " Edea

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Bearns.

9. *Father's Occupation,* Wheelwright

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegeist

Address, #182 E Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 6 1887 BALTIMORE

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether male or female),*	female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 5th, 1887
4. *Place of Birth (Street and Number),*	127 Durham St.
5. *Full Name of Mother,*	Kate Ragner
6. *Mother's Maiden Name,*	/
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	M. F. Butt
Address,	(1245) S. W. cor. E. Monument St. & Centre av. Removed.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95757)

No. of Child of Mother, (*state whether* ~~1st, 2d, 3d, &c.~~) 6th.

Sex, (*state whether* ~~male or~~ *female*)

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* July 5th. 1887

4. *Place of Birth,* (*Street and Number*) No 111 N Ann St

5. *Full Name of Mother,* Ellen L. Leonard

6. *Mother's Maiden Name,* " " Avery

7. *Mother's Birthplace,* Connecticut

8. *Full Name of Father,* John T. Leonard

9. *Father's Occupation,* Book Keeper

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 700 N Broadway

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH

95738.

CERTIFICATE CORRECTED 3-24-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar Kansler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, July 5 - 1887
4. Place of Birth (Street and Number), 1125 E Pratt St
5. Full Name of Mother, Clementine (Karsler) Kansler
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry (Karsler) Kansler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

the Commissioner of Health, in the manner and within the period of ten days, shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 5 – 1887
4. *Place of Birth (Street and Number),* 119 S. Charles St.
5. *Full Name of Mother,* Meta Christine Eilers
6. *Mother's Maiden Name,* Plump
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Eilers
9. *Father's Occupation,* Saloon - Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95740.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 7th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Bald 5th July
4. *Place of Birth (Street and Number),* 1627 Harford Avenue
5. *Full Name of Mother,* Mary Halter
6. *Mother's Maiden Name,* Mary Birmingham
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* Louis Halter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Liverpool England

Name of Medical Attendant, or other person who makes this Return. Florentina Guthrie

Address, 1504 Aisquith St

Remarks,

HEALTH DEPARTMENT BALTIMORE AUG 2 1898 REGISTRAR

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95741.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth* July 5 1887
4. *Place of Birth, (Street and Number)* 41 Foster alley
5. *Full Name of Mother,* Ellen Davis
6. *Mother's Maiden Name,* E. Tydings
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles Davis
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie E. Thalwitzer M.D.

Address, 725 W. Mulberry str.

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD. AUG 3 1887

...or persons who shall hereafter fail to comply with the provisions of this section, shall ... for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95742.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 6th 1897
4. Place of Birth (Street and Number),	1010 McCulloh St
5. Full Name of Mother,	Kate Woods
6. Mother's Maiden Name,	Spicker
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robt Woods
9. Father's Occupation,	Merchant
Father's Birthplace,	Penn
Name of Medical Attendant, or other person who makes this Return.	Chas E Souther MD
Address,	2108 Druid Hill Ave
Remarks,	(Twin birth)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 6th 1897

4. *Place of Birth (Street and Number),* 1010 Hillsdale St

5. *Full Name of Mother,* Kate Woods

6. *Mother's Maiden Name,* Spicker

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Robert Woods

9. *Father's Occupation,* Merchant

. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return. Chas E Faulkner MD

Address, 2100 Druid Hill Ave

Remarks, (From birth)

the Commissioner of Health, in the manner and within the [illegible] who shall hereafter fail to comply with the provisions of this [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 6

4. *Place of Birth (Street and Number),* 10 Hunt St City

5. *Full Name of Mother,* Sophia Elisabeth Spies

6. *Mother's Maiden Name,* Spies

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Charles C. Spies

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Harford County Md 4th District

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Sunde

Address, 217 N. Sweden St City

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95745.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

Sex, (state whether male or female) Female child

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July the 16th

4. *Place of Birth, (Street and Number)* Blumbary st No. 1

5. *Full Name of Mother,* Mary Flood

6. *Mother's Maiden Name,* Mary Manion

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Phillip Flood

9. *Father's Occupation,* Police Sergant

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. E. A Tully

Address, 1828 Light st

Remarks, doing Well

of persons who shall hereafter fail to comply with the provisions of this Section, shall be subject to the fines and forfeitures for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 6th. 1887
4. Place of Birth (Street and Number),	705 Biddle St
5. Full Name of Mother,	Kenneth Gorden
6. Mother's Maiden Name,	" Yindal
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Barry Gorden
9. Father's Occupation,	—
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Burk.
Address,	S. W. cor Monument St. & Central av.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MD SEP 4 1887

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	2
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	July 6 – 1887
4. *Place of Birth (Street and Number),*	214 Madie Alley
5. *Full Name of Mother,*	Maggie Greenslow
6. *Mother's Maiden Name,*	Madeira
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Greenslow
9. *Father's Occupation,*	Baker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E. Pratt St.
Remarks,	

who shall hereafter fail to comply with the provisions of this Section shall forfeit and pay for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 6 July 1887

4. *Place of Birth (Street and Number),* 1019 Durham St

5. *Full Name of Mother,* Anna Stinemeyer

6. *Mother's Maiden Name,* Anna Stinemeyer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Joseph Stinemeyer

9. *Father's Occupation,* Laboror

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other [illegible] fines are recoverable.

HEALTH OFFICE, BALTIMORE, MD. JUL 30 1887

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95749.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 6 July 1857

4. Place of Birth (Street and Number), 1227 Hare St

5. Full Name of Mother, Josephine Neuman

6. Mother's Maiden Name, Josephine Dojar

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Anton Neuman

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsh

Address, 5021 Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th /87

4. Place of Birth, (Street and Number) 650 W Lombard St

5. Full Name of Mother, Hannah Strauss

6. Mother's Maiden Name, Hannah Selz

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham Strauss

9. Father's Occupation, Merchant

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 400 Cathedral St

Remarks,

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 6-87
4. Place of Birth (Street and Number),	324 S. Spring St
5. Full Name of Mother,	Mary Bartholomay
6. Mother's Maiden Name,	" Garrity
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Michal Bartholomay
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonald St
Remarks,	

HEALTH DEPARTMENT, AUG 1 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 7 July

4. *Place of Birth (Street and Number),* 205 N. Central ave

5. *Full Name of Mother,* Maria Thome

6. *Mother's Maiden Name,* Sander

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Mike Thome

9. *Father's Occupation,* Baker

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Holland St

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be guilty of a misdemeanor and for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 7 87.
4. Place of Birth, (Street and Number)	76 Neighbor St.
5. Full Name of Mother,	Lizzie Koenig
6. Mother's Maiden Name,	" Willis
7. Mother's Birthplace,	Balt. City
8. Full Name of Father,	Geo. Koenig
9. Father's Occupation,	Laborer
Father's Birthplace,	Balt City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	715 Greenmt Ave
Remarks,	

For each child to be reported in other lines and columns.

RETURN OF A BIRTH 95754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 7
4. *Place of Birth (Street and Number),* 115 Parkin St
5. *Full Name of Mother,* Herman, August Goltz
6. *Mother's Maiden Name,* Amelaine Goltz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Goltz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. Mrs Seebach

Address, 735 Wilbrath

Remarks,

AUG 7 1887 BALTIMORE MD.

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 7th 1887
4. Place of Birth (Street and Number),	No 92 Vincent St
5. Full Name of Mother,	Catherine Doyle
6. Mother's Maiden Name,	" Hanley
7. Mother's Birthplace,	Baltimore County.
8. Full Name of Father,	Michel Doyle
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Annie Lintner
Address,	No 106 S. Howard St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 95756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 1887

Place of Birth, (Street and Number) Charles St Ave near Toll Gate

Full Name of Mother, Helen C. Roland

6. Mother's Maiden Name, " " Benton

Mother's Birthplace, Maryland

Full Name of Father, James L Roland

9. Father's Occupation, Broker

Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. L E Neale MD

Address, 319 W Monument St

Remarks,

HEALTH DEPARTMENT, BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the penalties for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
Sex (state whether male or female),	Male
Race or Color (if not of the white race),	
Date of Birth,	July 7 — 87
Place of Birth (Street and Number),	1415 Orleans St
Full Name of Mother,	Elizabeth Harriman
Mother's Maiden Name,	" Poteet
Mother's Birthplace,	Balto
Full Name of Father,	Chas C. Harryman
Father's Occupation,	Clerk
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Atwell
Address,	912 Mc Donough St
Remarks,	

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 95758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* July 8/87
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,* Pauline Strausberger,
6. *Mother's Maiden Name,* Pauline Schloss,
7. *Mother's Birthplace,* Detroit, Mich.
8. *Full Name of Father,* Lewis Strausberger,
9. *Father's Occupation,* Clothier,
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. J. W. Schaumberg

Address, 309 N Eyster St

Remarks,

for each offence, to be recovered as other fines and for fixtures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 8th
4. Place of Birth (Street and Number),	702 William St
5. Full Name of Mother,	Maggie Connolly
6. Mother's Maiden Name,	" Grant
7. Mother's Birthplace,	Richmond Va
8. Full Name of Father,	John Connolly
9. Father's Occupation,	Gas inspector
10. Father's Birthplace,	Portsmouth Va
Name of Medical Attendant, or other person who makes this Return.	J. C. Burch MD
Address,	511 Hanover St
Remarks,	

BALTIMORE CITY HEALTH DEPARTMENT AUG 4 1888 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* July 8th 1887 -
4. *Place of Birth (Street and Number),* No. 814 Raborg St.
5. *Full Name of Mother,* Anna Lohans Goyert
6. *Mother's Maiden Name,* Anna Lohans,
7. *Mother's Birthplace,* Orte. Hanover Germany.
8. *Full Name of Father,* Herman Goyert.
9. *Father's Occupation,* Lager. Beer. Salon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mr's. Seeback.

Address, 439. W. Pratt. St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 98761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, July 8 1887

4. Place of Birth (Street and Number), Sharp 1100

5. Full Name of Mother, Mary Elapt

6. Mother's Maiden Name, Dauman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jar Elapt

9. Father's Occupation, Remove Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Kathrin Mund

Address, 800 Leadenhall St

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH

Qwe

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Peter Baummer

9576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color* (if not of the white race), White

3. *Date of Birth,* 8 July 1887

4. *Place of Birth* (Street and Number), 2005 ½ Chapple st

5. *Full Name of Mother,* Catharine (Caterina) (Bauman) Baummer

6. *Mother's Maiden Name,* (Catherina) (Bauman) Kemmet

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John (Baumer) Baummer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 ½ Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 95763,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 8th 1887
4. *Place of Birth (Street and Number),* #130 S N Dallas St
5. *Full Name of Mother,* Maria Weber
6. *Mother's Maiden Name,* " Glocibi
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Weber
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillegust

Address, #1820 E Monument St

Remarks, 1038 (New Number)

BEARING DEPARTMENT, AUG 6 1887, BALTIMORE, MD.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH

98764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* July 8th, 1887.

4. *Place of Birth, (Street and Number)* N.W. Corner Fort & Battery Avenues.

5. *Full Name of Mother,* Laura Virginia Burns.

6. *Mother's Maiden Name,* Benson.

7. *Mother's Birthplace,* Ind.

8. *Full Name of Father,* George J. Burns.

9. *Father's Occupation,* Barber.

10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other Person who makes this Return. Robt. S. Rowe, M.D.

Address, 1019 Light St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 95765

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8th 1887
4. Place of Birth, (Street and Number) 1807 Jefferson St
5. Full Name of Mother, Rose Sprankling
6. Mother's Maiden Name, " Thorington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward M. Sprankling
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 800 N Broadway

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

AUG 3 1887 BALTIMORE CITY

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 957 66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 8 July 1887
4. *Place of Birth (Street and Number),* 1736 Lancaster st
5. *Full Name of Mother,* Mary Girsbich
6. *Mother's Maiden Name,* Mary Haring
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Girsbich
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koplish

Address, 529 N Washington st

Remarks,

who shall hereafter fail to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines are recovered.

JUL 29 1887 BALTIMORE MD

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 95767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 8th 1887
4. *Place of Birth (Street and Number),* 63 President st.
5. *Full Name of Mother,* Mary Schargo
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Andre Schargo
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C Bernstein

Address, 122 S Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 8-87
4. Place of Birth (Street and Number),	1307 N. Broadway
5. Full Name of Mother,	Nannie M. P. Kries
6. Mother's Maiden Name,	" " Miller
7. Mother's Birthplace,	Md
8. Full Name of Father,	Francis P. Kries
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh St
Remarks,	

the Commissioner of Health, in the manner and [illegible] above required, and any such person or persons who shall hereafter fail to comply with the [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other [illegible] recoverable.

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE, MD.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 8-87
4. Place of Birth (Street and Number),	948 N Chester St
5. Full Name of Mother,	Emma Walmsleay
6. Mother's Maiden Name,	" Barrickman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James G. Walmsleay
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this Act, or shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	July 9th 1887
4. Place of Birth (Street and Number),	W. Pratt st. 659
5. Full Name of Mother,	Lizzie Simon
6. Mother's Maiden Name,	Lizzie Nicolaendorf
7. Mother's Birthplace,	(Oldenburg) Germany
8. Full Name of Father,	Charles Simon
9. Father's Occupation,	Shoemaker
Father's Birthplace,	(Hessen) Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Sulzbach
Address,	735 W. Pratt St
Remarks,	

This section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 95771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 9 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	July 9-87
4. Place of Birth (Street and Number),	1830 E. Madison St
5. Full Name of Mother,	Mary E. Harris
6. Mother's Maiden Name,	" " Smith
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edgar C. Harris
9. Father's Occupation,	Bricklayer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are re...

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July th 9th

4. Place of Birth, (Street and Number) Cross st No 22

5. Full Name of Mother, Lottie Happ

6. Mother's Maiden Name, Lottie Walper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Happ

9. Father's Occupation, Ice Merchant,

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. A. Tully

Address, 1828 Light St

Remarks, doing Well

HEALTH DEPARTMENT, AUG 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 95773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July. 9th
4. *Place of Birth (Street and Number),* 11.20 Hur St
5. *Full Name of Mother,* Anna C. Kissner
6. *Mother's Maiden Name,* Klehm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George N. Kissner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return. Pauline Liersemann

Address, No 1225 Hurt St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) female

Race or Color, (if not of the white race) White

3. Date of Birth, July 9 87

4. Place of Birth, (Street and Number) 670 W. ~~Mulberry~~ Saratoga Street

5. Full Name of Mother, Matilda Hallenstine

6. Mother's Maiden Name, " Rothschild

7. Mother's Birthplace, U S

8. Full Name of Father, Isaac Hallenstine

9. Father's Occupation, Telegraph Operator

Father's Birthplace, U. S

Name of Medical Attendant, or other Person who makes this Return. A Friedenwald MD

Address, 310 N Eutaw Street

Remarks,

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE

for each offense to be recovered as other fines and forfeitures

..., City Printers and Stationers.

RETURN OF A BIRTH 95775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 10th 1887
4. *Place of Birth (Street and Number),* #1107 Chew St
5. *Full Name of Mother,* Virginia Smith
6. *Mother's Maiden Name,* " Schaefer
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Louis Smith
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hillegeist

Address, #182 E Monument St

Remarks, 1038 (New Number)

AUG 6 1887 BALTIMORE, MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

Race or Color (if not of the white race), White

Date of Birth, 10 July 1887

Place of Birth (Street and Number), 1914 Bank St

Full Name of Mother, Maggie Zorn

Mother's Maiden Name, Maggie Zorn

Mother's Birthplace, Germany

Full Name of Father, George Zorn

Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koptish

Address, 509 N Washington St

Remarks,

BALTIMORE MD.

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers

RETURN OF A BIRTH 95977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 10 July 1887

4. *Place of Birth (Street and Number),* 1167 Bowen st

5. *Full Name of Mother,* Mary Brose

6. *Mother's Maiden Name,* Mary Brose

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Frank Brose

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopitsky

Address, 569 N Washington st

Remarks,

BALTIMORE CITY BOARD OF HEALTH DEPUTY REGISTRAR JUL 30 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 95778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, B July 10th 1887

4. Place of Birth (Street and Number), Baltimore 431 Cross St

5. Full Name of Mother, Margert Att

6. Mother's Maiden Name, Margert Bloyn

7. Mother's Birthplace, Germany

8. Full Name of Father, John Att

9. Father's Occupation, Feed Store

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Miss M Shaffer

Address, 1139 Ridgley St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH AUG 15 1887 BALTIMORE MD.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh child

1. Sex (state whether male or female), female.
2. Race or Color (if not of the white race), White
3. Date of Birth, July 10th 1887
4. Place of Birth (Street and Number), 933 Bevan st
5. Full Name of Mother, Mary Rohrbach
6. Mother's Maiden Name, Mary Schweikert
7. Mother's Birthplace, Grossherzog Baden
8. Full Name of Father, Wilhelm Rohrbach
9. Father's Occupation, Capinet-maker
10. Father's Birthplace, Kurfürstentom Hessen.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 4 1887 BALTIMORE, MD.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 10 Th 1887
4. Place of Birth (Street and Number),	813 Wall St
5. Full Name of Mother,	A Bridekamper
6. Mother's Maiden Name,	Annie Boise
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Boise
9. Father's Occupation,	Washer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Bush
Address,	1245 S W. cor Monument St. & Central av
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 95981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 10 – 87
4. Place of Birth (Street and Number),	744 Columbia Av.
5. Full Name of Mother,	Jennie Frosshour.
6. Mother's Maiden Name,	Jennie Wood.
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	Jacob M. Frosshour.
9. Father's Occupation,	Salesman.
Father's Birthplace,	Maryland.
Name of Medical Attendant, or other person who makes this Return.	Mrs Seebach.
Address,	735 W. Pratt St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 7 1887 BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 10/87

4. *Place of Birth (Street and Number),* 834 S. Sharp St

5. *Full Name of Mother,* Lena Straus.

6. *Mother's Maiden Name,* Lena Fritz

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Chas. F. Straus.

9. *Father's Occupation,* Cooper.

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Christina Münch

Address, #1. Leadenhall St- Baltimore City

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 10 th
4. *Place of Birth (Street and Number),* Fort Av No. 113
5. *Full Name of Mother,* Anna Kraft
6. *Mother's Maiden Name,* " Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Kraft
9. *Father's Occupation,* House Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BIRTH DEPARTMENT OF HEALTH BALTIMORE

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 10 of July

4. *Place of Birth (Street and Number),* 17 North Amity street

5. *Full Name of Mother,* Jennie Klotzman

6. *Mother's Maiden Name,* Annie Rodstein

7. *Mother's Birthplace,* Rusia Poland

8. *Full Name of Father,* Arohn Klotzman

9. *Father's Occupation,* Tailor

Father's Birthplace, Rusia Poland

Name of Medical Attendant, or other person who makes this Return. Mis Annie Dunker

Address, 2171 Serveder St

Remarks, City

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, July 10th / 87

4. Place of Birth (Street and Number), 168 Hamburg St.

5. Full Name of Mother, Elizabeth Kate Witte

6. Mother's Maiden Name, " " Henschen

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Hermann Henry Witte

9. Father's Occupation, Cigar box maker

Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes the Return. Kathrin Munch

Address, 800 Leadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 11th. 1887
4. *Place of Birth (Street and Number),* 174 Harford road
5. *Full Name of Mother,* K. Wagner
6. *Mother's Maiden Name,* K. Zal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bois. Wagner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 1245 S.W. Monument St. & Central av.

Remarks, All Well

who shall hereafter fail to comply with the provisions of [illegible] for each offence, to be recovered as other fines and [illegible]

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 July 1887
4. Place of Birth, (Street and Number) 2204 Frederick Avenue
5. Full Name of Mother, Emma Robinson
6. Mother's Maiden Name, Emma Stern
7. Mother's Birthplace, Tilsit - Prussia
8. Full Name of Father, Louis Robinson
9. Father's Occupation, Clerk
10. Father's Birthplace, Tilsit - Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address, 720 N. Howard St.

Remarks,

BALTIMORE CITY AUG 6 1887

...of persons who shall hereafter fail to comply with the provisions of this Return, for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 95788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 11th 1887

4. *Place of Birth, (Street and Number)* 115 N. Lombard St.

5. *Full Name of Mother,* Mary Williams

6. *Mother's Maiden Name,* Do.

7. *Mother's Birthplace,* 113 N. Lombard St. Maryland

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. A. L. Huffe

Address, 113 N. Lombard St.

Remarks, City

BALTIMORE, MD.

Report its birth to the Commissioner of Health, in the manner and form prescribed by the Board of Health, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth	July 11. 1887
4. Place of Birth, (Street and Number)	419 Lexington street.
5. Full Name of Mother,	Katie Steinmetz
6. Mother's Maiden Name,	K. Staub.
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Frank Steinmetz
9. Father's Occupation,	Stove - dealer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie E. Thalwitzer M D
Address,	725 w. Mulberry street
Remarks,	

HEALTH DEPARTMENT BALTIMORE MD

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95790)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 July 1887.
4. *Place of Birth, (Street and Number)* Con. Concord u Ekerst
5. *Full Name of Mother,* Bertha Igehoff
6. *Mother's Maiden Name,* Bertha Meister
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Edwart Igehoff
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Rusland

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, No 1005 E Lombartstr City

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

AUG 1 1887 BALTIMORE CITY

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Lilly Akers

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, July 11th 1887

4. Place of Birth (Street and Number), Baltimore 1115 Bridgley St

5. Full Name of Mother, Jennie (~~Peters~~) Akers

6. Mother's Maiden Name, Jennie Browner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dane (~~Peters~~) Akers

9. Father's Occupation, Bolers Makers

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss M. Shaffer

Address, 1139 Bridgley St

Remarks, CERTIFICATE CORRECTED 7-2-52

BALTIMORE AUG 3 1887

the Commissioner of Health, in the matter of any wrong, shall be subject to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th July 1887

4. Place of Birth, (Street and Number) 1628 W. Lanvale St.

5. Full Name of Mother, Francis O'Callaghan

6. Mother's Maiden Name, Rooney

7. Mother's Birthplace, Leavenworth Kansas

8. Full Name of Father, Wm. O'Callaghan

9. Father's Occupation, Machine Carpet Cleaning

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, C. S. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

HEALTH DEPARTMENT, AUG 4 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of the ... the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are ...

Co., City Printers and Stationers.

RETURN OF A BIRTH 95793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* ~~White~~ Colord

3. *Date of Birth,* July 11th. 1887

4. *Place of Birth (Street and Number),* 616 McCulloch St. court

5. *Full Name of Mother,* M. Atwal

6. *Mother's Maiden Name,* " Ritchard

7. *Mother's Birthplace,* Anrendel County

8. *Full Name of Father,* B. Atwal

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, S.W. cor Monument St. & Central

Remarks, All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeits are recovered.

HEALTH AUG 4 1887 BALTIMORE CITY

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 11

4. *Place of Birth (Street and Number),* 118 Randall St

5. *Full Name of Mother,* Kate galle

6. *Mother's Maiden Name,* Kate Frey

7. *Mother's Birthplace,* germany

8. *Full Name of Father,* Henry galle

9. *Father's Occupation,* Labor

Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return. Mrs Minch

Address, 100 Seadenhall St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ninety-five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 1 1888 BALTIMORE MD.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex, (state whether male or female)	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	12 July 1887
4. *Place of Birth, (Street and Number)*	307 E. Register Alley
5. *Full Name of Mother,*	Therese Ramsel
6. *Mother's Maiden Name,*	Therese Hilbert
7. *Mother's Birthplace,*	Mittenberg. Bavaria
8. *Full Name of Father,*	Leopold Ramsel
9. *Father's Occupation,*	Insurance agent
Father's Birthplace,	Minden. Prussia
Name of Medical Attendant, or other Person who makes this Return.	Dr F Reinhard
Address,	720 N Howard Street
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 95796.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (~~state whether male or~~ female), Female

2. *~~Race or Color (if not of the~~ white race).* White

3. *Date of Birth,* July 12th "

4. *Place of Birth (Street and Number),* " No. 1133 Bowen. Lt.

5. *Full Name of Mother,* Mary Bender

6. *Mother's Maiden Name,* " " Flenger

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Bender

9. *Father's Occupation,* Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Immer

Address, 2711 N. Scott St

Remarks, " City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95797.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Sarah

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 12, 1887.

4. *Place of Birth (Street and Number),* 1118 Douglas St

5. *Full Name of Mother,* Etta Rosentahl

6. *Mother's Maiden Name,* Etta Horrenstein

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Lewis Rosentahl

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95798)

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 12th 1887

4. *Place of Birth, (Street and Number)* 1907 E. Monument St

5. *Full Name of Mother,* Julia G. Ruckle

6. *Mother's Maiden Name,* " " Shipley

7. *Mother's Birthplace,* Howard County Md

8. *Full Name of Father,* Isaac Ruckle

9. *Father's Occupation,* Brass Moulder

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return — Wm. L. Rowe M. D

Address, 800 N Broadway

Remarks,

BRANCH DEPARTMENT OF HEALTH AUG 2 1887 BALTIMORE

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be, after fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Joseph

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Date July 13, 1887

4. *Place of Birth (Street and Number),* 1629 Canton Ave

5. *Full Name of Mother,* Rachel Goffa

6. *Mother's Maiden Name,* Rachel Hirshman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Goffa

9. *Father's Occupation,* Storekeeper

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Lehrman

Address, Albemarle St N 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95800.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth July 13th 1887
4. Place of Birth, (Street and Number) 243 N Wolf
5. Full Name of Mother, Ellen Cornelia Perkens.
6. Mother's Maiden Name, Manely
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Lewis Perkens
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, 1123 E Balto St.

Remarks,

BRANCH DEPARTMENT AUG 11 1887 BALTIMORE MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or certain, for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95801.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 13th 87
4. Place of Birth (Street and Number),	373 Hamburg St
5. Full Name of Mother,	Annie Gabzendanner
6. Mother's Maiden Name,	" Chambers
7. Mother's Birthplace,	City
8. Full Name of Father,	Thos. I. Gabzendanner
9. Father's Occupation,	Pressman
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	I. C. Burch M.D.
Address,	511 Hanover St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 4 1887 BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 —"

Sex, (state whether male or female) Male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 13th 1887.

4. *Place of Birth, (Street and Number)* 415 Sharp St.

5. *Full Name of Mother,* Mary Elizabeth Bair,

6. *Mother's Maiden Name,* " " Bromwell,

7. *Mother's Birthplace,* Dorchester Co. Md.

8. *Full Name of Father,* Chas. C. Bair,

9. *Father's Occupation,* Machinist,

Father's Birthplace, Balto City,

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Talbott M.D.

Address, 524 Sharp St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 95803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 July 1887
4. Place of Birth, (Street and Number) 309 President Street
5. Full Name of Mother, Louise Meinschein
6. Mother's Maiden Name, Louise Rumenapp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Georg Meinschein
9. Father's Occupation, Cooper
10. Father's Birthplace, Schwarzenfels. Hessia

Name of Medical Attendant, or other Person who makes this Return. A. F. Reinhard

Address, 720 N. Howard Street

Remarks,

Report [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 6 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Jewish

3. Date of Birth, 14 July

4. Place of Birth (Street and Number), 342 Forrest St.

5. Full Name of Mother, Beckie Levin

6. Mother's Maiden Name, " Unringsky

7. Mother's Birthplace, Poland

8. Full Name of Father, Louis Levin

9. Father's Occupation, Grocery store

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 802 Holland St.

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] and any such person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be [illegible] to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 14th. 1887
4. *Place of Birth (Street and Number),* 555 Clark St.
5. *Full Name of Mother,* Mary Coil
6. *Mother's Maiden Name,* Mary Hagerty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Coil
9. *Father's Occupation,* Lether Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, #1245 S.W. Cor Centrel & Monument St

Remarks, All Well

AUG 4 1887

the Commissioner of Health, in the manner [illegible] who shall hereafter fail to comply with the [illegible] for each offence, to be recovered as other fines and [illegible]

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14 87.
4. Place of Birth, (Street and Number) 5 E. Biddle St.
5. Full Name of Mother, Carrie Glasman
6. Mother's Maiden Name, " Fisher
7. Mother's Birthplace, Maryland
8. Full Name of Father, Alex. Glasman
9. Father's Occupation, Police Officer
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. J. H. Robinson MD

Address, 725 Greenmt Ave

Remarks.

HEALTH DEPARTMENT AUG 1887 BALTIMORE MD

Report its birth to the Commissioner of Health, in the manner and in the form of the above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 95807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 14 July,

4. Place of Birth, (Street and Number) No. 11 Bartlett St, (old No)

5. Full Name of Mother, Catharine Maxwell

6. Mother's Maiden Name, Hallar

7. Mother's Birthplace, Balto City.

8. Full Name of Father, John Maxwell,

9. Father's Occupation, Horse-shoer

10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N. E. Cor. Columbia & Fremont Aves.

Remarks,

AUG 3 1897 BALTIMORE, MD.

Report its birth to the Commissioner of Health, [illegible] the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 14. 1887

4. *Place of Birth, (Street and Number)* 1520 Lemmon Ave.

5. *Full Name of Mother,* Lizzie Hartung

6. *Mother's Maiden Name,* Schaefer

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Jno. C. Hartung

9. *Father's Occupation,* Shoemaker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. B. Kirwin M.D.

Address, 1821 Madison Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the use of force (by horses for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 95809.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 15 of July 1887
4. *Place of Birth (Street and Number),* No 918 S Sharp St
5. *Full Name of Mother,* Maggie H Richardson
6. *Mother's Maiden Name,* Maggie A Meekins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert H Richardson
9. *Father's Occupation,* Shoe Laster
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Menck

Address, Cor Leadenhall & Montgomery sts

Remarks,

the Commissioner of Health, in the mother and whom the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95810.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* July 15th 1887

4. *Place of Birth (Street and Number),* 1135 N. Eden st.

5. *Full Name of Mother,* Sarah Max

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Isaac Max

9. *Father's Occupation,* Tailor

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Court who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th.
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	July 15th. 1887
4. *Place of Birth (Street and Number),*	810 Webster Alley.
5. *Full Name of Mother,*	Marshinee Hall
6. *Mother's Maiden Name,*	" Armstrong.
7. *Mother's Birthplace,*	Balto. County
8. *Full Name of Father,*	John Hall
9. *Father's Occupation,*	Arab
10. *Father's Birthplace,*	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	1245 S. W. cor Monument St. & Central av.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95812.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 18th 1887
4. *Place of Birth, (Street and Number)*	325 Hanover av
5. *Full Name of Mother,*	Anna Della
6. *Mother's Maiden Name,*	Anna Roberts
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	William Deller
9. *Father's Occupation,*	Contractor
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. B. Noble MD
Address,	301 Warren av
Remarks,	

for each offense to be recovered as other fines and forf

City Printers and Stationers

RETURN OF A BIRTH 95813.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 15

4. *Place of Birth, (Street and Number)* Light St no 1741

5. *Full Name of Mother,* Bridget Bulger

6. *Mother's Maiden Name,* Bridget Fleming

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas E Bulger

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. E, T Tully

Address, 1828 Light St.

Remarks, doing Well

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

Co., City Printers and Stationers.

RETURN OF A BIRTH

95814

GIVEN NAME ADDED 7-31-53

To the Office of Registrar of Vital Statistics, ~~Board of Health,~~ Baltimore City.

Name: Edgar Kane

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th July, 1887
4. *Place of Birth, (Street and Number)* 242. N. Mount st.
5. *Full Name of Mother,* Mary E. Kane
6. *Mother's Maiden Name,* " " Grimes
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* James C. Kane
9. *Father's Occupation,* Teacher.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return. Norman F Hill M.D.

Address, 17 N. Calhoun st.

Remarks,

BRALTH DEPARTMENT, AUG 1887 BALTIMORE, MD.

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH.

~~1884~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95815

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 39 Williamson st 17 July
4. Place of Birth, (Street and Number) 39 Williamson st
5. Full Name of Mother, Ida Josaphine Armworthy
6. Mother's Maiden Name, Ida Josaphine Hutton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bengamam Armworthy
9. Father's Occupation, Boilor maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M R Caskey

Address, 213 Heath st

Remarks, Doing Well

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

AUG 13 1887

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 95816.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, July 17th 1887

4. Place of Birth (Street and Number), Baltimore 1018 Little Sutton

5. Full Name of Mother, Molly Downs

6. Mother's Maiden Name, Molly Steinford

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Steinford

9. Father's Occupation, Cutter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss M Shaffer

Address, 1139 Ridgley St

Remarks,

the Commissioner of Health, In the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 5 1887 BALTIMORE MD.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 17 1887

4. *Place of Birth (Street and Number),* 415 S. Central Ave.

5. *Full Name of Mother,* Anna Roth

6. *Mother's Maiden Name,* Volg

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Roth

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Flavin

Address, 1427 E Pratt St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95818.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 18th, 1887.
4. *Place of Birth, (Street and Number)* 107 Fort Ave.
5. *Full Name of Mother,* Martha Ella Smallow.
6. *Mother's Maiden Name,* Thornton.
7. *Mother's Birthplace,* Ind.
8. *Full Name of Father,* Joseph Smallow.
9. *Father's Occupation,* Engineer.
10. *Father's Birthplace,* Phila., Pa.

Name of Medical Attendant, or other Person who makes this Return. Robert S. Rowe, M. D.

Address, 1019 Light St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95819.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 18th 1897.

4. *Place of Birth (Street and Number),* #509 E. Monument St

5. *Full Name of Mother,* Mary McC. Revell

6. *Mother's Maiden Name,* Courtney

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Arthur McC. Revell

9. *Father's Occupation,* Watchman

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hilbert

Address, #182 E. Monument St

Remarks, 1038 (Ten Numbers)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95820.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 19th 1887

4. Place of Birth (Street and Number), #124 N. Sharp St

5. Full Name of Mother, Mary Cassasa

6. Mother's Maiden Name, " Bondaro

7. Mother's Birthplace, New York

8. Full Name of Father, John Cassasa

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

HEALTH DEPARTMENT, AUG 6 1887 BALTIMORE MD.

the Commissioner of Health, in the manner and form the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95821.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 17th '87

4. *Place of Birth, (Street and Number)* Barclay St near Federal St

5. *Full Name of Mother,* Fannie Boyce

6. *Mother's Maiden Name,* Fannie Minton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward F. Boyce

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. L. ~~State~~

Address, Cor. Calvert & Lanvale Sts.

Remarks,

HEALTH DEPARTMENT AUG 6 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 95822.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Inlike

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 20, 1887
4. *Place of Birth (Street and Number),* 213 N Gay st
5. *Full Name of Mother,* Annie Klopfer
6. *Mother's Maiden Name,* Annie Stumpf
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Klopfer
9. *Father's Occupation,* Presser
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95823)

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* ~~White~~ Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 21 July

4. *Place of Birth, (Street and Number)* 110 Barnet St E

5. *Full Name of Mother,* Bettie Eaton

6. *Mother's Maiden Name,* Bettie Williams

7. *Mother's Birthplace,* Lynchburg Va

8. *Full Name of Father,* John Eaton

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Pensilvania

Name of Medical Attendant, or other Person who makes this Return. M R Carkey

Address, 213 Heath St

Remarks, Doing Well

or persons who shall hereafter fail to comply with the provisions of this Act shall forfeit and pay for each offence to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers.

RETURN OF A BIRTH 95824.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 21st 1887

4. Place of Birth (Street and Number), #610 Second St

5. Full Name of Mother, Annie Sullen

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Phila. Pa.

8. Full Name of Father, L. H. Sullen

9. Father's Occupation, Laborer

10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the same or the same, for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 6 1887 BALTIMORE, MD.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95825

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st.

1. *Sex,* (*state whether male or female*) M

2. *Race or Color,* (*if not of the white race*) W

3. *Date of Birth,* June 22. 1887

4. *Place of Birth,* (*Street and Number*) 1926 E. Chase St

5. *Full Name of Mother,* Mary Kohler

6. *Mother's Maiden Name,* " —

7. *Mother's Birthplace,* German

8. *Full Name of Father,* Chas Kohler

9. *Father's Occupation,* Mechanic

10. *Father's Birthplace,* German

Name of Medical Attendant, or other Person who makes this Return C. M. Wolff

Address. 763 N. Fayette St.

Remarks.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95826.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Ellis Benter

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 22, 1887
4. *Place of Birth (Street and Number),* 218 N. Front St
5. *Full Name of Mother,* Katie Ridole
6. *Mother's Maiden Name,* Katie Condley
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* John Ridole
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* New York N. Y.

Name of Medical Attendant, or other person who makes this Return. E Eckerman

Address, Albemarle st N 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 95827.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* July 21th 1887

4. *Place of Birth (Street and Number),* 255 N. Exeter st.

5. *Full Name of Mother,* Anna Bernstein

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Louis Bernstein

9. *Father's Occupation,* Baker

Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

1884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95828)

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 25 July
4. Place of Birth, (Street and Number) 925 Charles St
5. Full Name of Mother, Pearl Agusta Mcdowell
6. Mother's Maiden Name, Pearl Agusta Hope
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Mcdowell
9. Father's Occupation, Tinear
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M R Caskey

Address, 213 Heath St

Remarks, Doing Well

report its birth to the Commissioner of Health, in the manner and within the period of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH 95829.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 25th 1867

4. Place of Birth, (Street and Number) Eutaw street 982

5. Full Name of Mother, Lucy Jones

6. Mother's Maiden Name, Lucy Brice

7. Mother's Birthplace, Shenandoah County Virginia

8. Full Name of Father, James Manto

9. Father's Occupation, hod carer

Father's Birthplace, West india

Name of Medical Attendant, or other Person who makes this Return. Millie Banks

Address, 914 north Eutaw st

Remarks,

AUG 10 1867

Co., City Printers and Stationers.

RETURN OF A BIRTH

95830.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jun 25th

4. Place of Birth (Street and Number), 311 Dawson alley

5. Full Name of Mother, Maggie Kunz

6. Mother's Maiden Name, Maggie Kielbach

7. Mother's Birthplace, Rhein bäyern

8. Full Name of Father, Peter Kunz

9. Father's Occupation, Cabinet Maker

Father's Birthplace, Rhein Prusian

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Dunn

Address, 26 W. Schroeder St

Remarks, City

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Mother 8th Child

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 25th July.

4. *Place of Birth (Street and Number),* Baltimore 753 Columbia Ave

5. *Full Name of Mother,* Catharine Sigwart.

6. *Mother's Maiden Name,* Catharine Wisemann.

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Theodore Sigwart.

9. *Father's Occupation,* Glassblower

Father's Birthplace, Baden

Name of Medical Attendant, or other person who makes this Return. Mrs Aumler

Address, 217 W. Scroeder St

Remarks, City

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 by ax

Sex (state whether male or female), White

2. *Race or Color (if not of the white race),* Hyale

3. *Date of Birth,* July 26, 1887

4. *Place of Birth (Street and Number),* 113 Harrison St

5. *Full Name of Mother,* Rosie Goldstein

6. *Mother's Maiden Name,* Rosie Lonis

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Abram Goldstein

9. *Father's Occupation,* Cigarmaker

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st No 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH

95833.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 27/87
4. *Place of Birth (Street and Number),* N. W. Cor. Gough & Bond
5. *Full Name of Mother,* Marg. Whittle
6. *Mother's Maiden Name,* " Taylor
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* G. W. Whittle
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Balto. city

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 So Broadway

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

~~[illegible]~~ 95834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 4th

1. Sex (state whether Male or ~~Female~~) Male.

2. Race or Color (if not of the white race) White

3. Date of Birth July 27th

4. Place of Birth (Street and Number) 81 N. Amer

5. Full Name of Mother Sallie Sullivan

6. Mother's Maiden Name " Ashburn.

7. Mother's Birthplace Balto City.

8. Full Name of Father Wm Sullivan.

9. Father's Occupation Sea Capt.

10. Father's Birthplace Balt City.

Name of Medical Attendant, or other Person who makes this Return. J. M. Cochill M.D.

Address 26 S. Broadway

Remarks City

RETURN OF A BIRTH 95835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Celia

1. Sex (state whether male or female), White

2. Race or Color (if not of the white race), Female

3. Date of Birth, July 28 1887

4. Place of Birth (Street and Number), Sarah Rosenwood Full Name

5. Full Name of Mother, Sarah Rosenwood Maiden Name

6. Mother's Maiden Name, 1129 E. Pratt St

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Rosenwood

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Albemarle St N 103.

Remarks,

the Commissioner of Health. In the matter and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 95836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8, Gyannie

Sex (state whether male or female), White

2. Race or Color (if not of the white race), Female

3. Date of Birth, July 28 1887

4. Place of Birth (Street and Number), 838 Granby st

5. Full Name of Mother, Annie Schriber

6. Mother's Maiden Name, Annie Schriber

7. Mother's Birthplace, Russia

8. Full Name of Father, Abram Schriber

9. Father's Occupation, Buttonhole Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, 1 Albemarle st N 103

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 9887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 28th 887
4. *Place of Birth (Street and Number),* cor. Aisquith & Low st.
5. *Full Name of Mother,* Rosa Wolman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Wolman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* July 28th 1887
4. *Place of Birth (Street and Number),* 54 Albemarle St.
5. *Full Name of Mother,* Anna Balzer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac Balzer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

...within the period above required, and any such person or persons ... the Commissioner of Health, in the manner and within ... who shall hereafter fail to comply with the provisions ... for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 28 July
4. *Place of Birth, (Street and Number)* 7 Luce street
5. *Full Name of Mother,* Mrs Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hart Jackson

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 11 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH 95840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 28th July 1887
4. *Place of Birth (Street and Number),* # 211 S. Green St
5. *Full Name of Mother,* Bettie Mary Landbeck
6. *Mother's Maiden Name,* Bettie Mary Fajen
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John Ernest Landbeck
9. *Father's Occupation,* Currier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Amuler

Address, 217 N. Schroeder St

Remarks, Etl

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex, (state whether male or female)* M

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* July 1, 1887

4. *Place of Birth, (Street and Number)* 367 W. Fayette St

5. *Full Name of Mother,* Lucia Rheinberger

6. *Mother's Maiden Name,* " Jander

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob Rheinberger

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* York Pa.

Name of Medical Attendant, or other Person who makes this Return G. W. Nutt

Address. 763 W. Fayette St.

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, July 2nd 1897

4. Place of Birth (Street and Number), 222 Albemarle st.

5. Full Name of Mother, Johanna Fitzgerald

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Declan Fitzgerald

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3, Threse

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 20, 1887
4. *Place of Birth (Street and Number),* 1048 Aiken St
5. *Full Name of Mother,* Esther Herman
6. *Mother's Maiden Name,* Esther Herman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Herman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Seherman

Address, 1 Albemarle st N 103.

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95844.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 26th 187
4. Place of Birth (Street and Number),	205 Bath street
5. Full Name of Mother,	Charlotte Harris
6. Mother's Maiden Name,	Charlotte Briscoe
7. Mother's Birthplace,	St mary County md
8. Full Name of Father,	James Harris
9. Father's Occupation,	Laborer
10. Father's Birthplace,	maryland
Name of Medical Attendant, or other person who makes this Return.	Hester Colonce
Address,	509 Preston street
Remarks,	

the attendance of a physician or practitioner of midwifery, of should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ve Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 26 187
4. Place of Birth (Street and Number),	903 Bolton st
5. Full Name of Mother,	mattie Bamdick
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	George Bamdick
9. Father's Occupation,	Wagon driver
10. Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	502 Preston st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 28th 187
4. Place of Birth (Street and Number),	537 Gambert st
5. Full Name of Mother,	mary C. Wright
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto md
8. Full Name of Father,	Charles W. Wright
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Centreville md
Name of Medical Attendant, or other person who makes this Return.	Hester Colence
Address,	509 Preston Street
Remarks,	

BUREAU DEPARTMENT
AUG 15
BALTIMORE MD.

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 29
4. Place of Birth (Street and Number),	710 Druid Hill ave
5. Full Name of Mother,	Gollie Pecker
6. Mother's Maiden Name,	-- Jackson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Pecker
9. Father's Occupation,	Undertaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hester Colance
Address,	609 Preston street
Remarks,	

the person or parents of such child to report its birth to mother. Immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

c Publishing Co., City Printers and Stationers.

Missing #95848 - #95859,
incl.

RETURN OF A BIRTH

95860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* 1 Aug. 1887.
4. *Place of Birth, (Street and Number)* 422 N. Chester St.
5. *Full Name of Mother,* Mrs Mary Block
6. *Mother's Maiden Name,* Mary Wether
7. *Mother's Birthplace,* Usa
8. *Full Name of Father,* Andrew Block
9. *Father's Occupation,* Carriage Worker
10. *Father's Birthplace,* Usa.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard MD

Address, 313 N. Charles St.

Remarks,

birth of any child shall occur without the attendance of a physician or person, or the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

95861.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4" Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	August 1" 1887
4. *Place of Birth, (Street and Number)*	302 Fort av
5. *Full Name of Mother,*	Annie Soloway
6. *Mother's Maiden Name,*	" Waring
7. *Mother's Birthplace,*	Cecil Co. Md
8. *Full Name of Father,*	John Soloway
9. *Father's Occupation,*	Boatman
10. *Father's Birthplace,*	Kent Co. Md
Name of Medical Attendant, or other Person who makes this Return.	O. A. Cook MD
Address,	104 Fort av
Remarks,	

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95862.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2218 East Pratt St

4. *Place of Birth, (Street and Number),* August 1st 1897

5. *Full Name of Mother,* Lillie Olivia Eliza Wright

6. *Mother's Maiden Name,* " " " Dunbar

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* George Peter Wright

9. *Father's Occupation,* Carpenter's Asst

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Jas A Bevington

Address, Broadway & Pratt St.

Remarks.

Of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 9.5'86.3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* first day
4. *Place of Birth (Street and Number),* locust near coach st
5. *Full Name of Mother,* Mary Thornton
6. *Mother's Maiden Name,* Mary Murphy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Mccarthy
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Ann Thornton

Address,

Remarks, 1045 Hubert st locust point

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* August 1st 1859
4. *Place of Birth (Street and Number),* 610 S. Howard St
5. *Full Name of Mother,* Rachael Stubblefield
6. *Mother's Maiden Name,* Rachel Gordon
7. *Mother's Birthplace,* northumberland county Va
8. *Full Name of Father,* Henry Stubblefield
9. *Father's Occupation,* Lehorman
10. *Father's Birthplace,* Northumberland co Va

Name of Medical Attendant, or other person who makes this Return. Sophia Williams

Address, 607 S. Howard St

Remarks, Five dollars

...er in the form of a certificate between the first and third day of ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, ... who shall hereafter fail to comply with the provisions of this section shall be subject ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Rachel

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 1 1887
4. *Place of Birth (Street and Number),* 202 S. Eutaw St
5. *Full Name of Mother,* Jennie Richter
6. *Mother's Maiden Name,* Jennie Levi
7. *Mother's Birthplace,* London Eng
8. *Full Name of Father,* Louis Richter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* London Eng

Name of Medical Attendant, or other person who makes this Return. E Schesnau

Address, Albemarle St N 103.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

timore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95866.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	July 21st
4. Place of Birth (Street and Number),	1820 Shaft. st
5. Full Name of Mother,	Amanda Madison
6. Mother's Maiden Name,	Amanda Chase
7. Mother's Birthplace,	Caroline Co Md
8. Full Name of Father,	Nelson Madison
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Caroline Co Md
Name of Medical Attendant, or other person who makes this Return	Angeline Wilson
Address,	1049 E. Howard st
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95867.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 18
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	July 21st 1887
4. Place of Birth (Street and Number),	Patapsco avenue
5. Full Name of Mother,	Josephine Payne
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Wm Payne
9. Father's Occupation,	Restaurant waiter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1049 E. Howard st
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95868.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* 22 July 1887
4. *Place of Birth (Street and Number),* 1125 Getz ave near E. Biddle
5. *Full Name of Mother,* Elizabeth J Hetzel
6. *Mother's Maiden Name,* " " Lockley
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Wm J Hetzel
9. *Father's Occupation,* Insurance agt
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return. G Lane Tanyhill

Address, 922 Madison ave

Remarks,

HEALTH DEPARTMENT AUG 15 BALTIMORE MD.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ne Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 18
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colord
3. Date of Birth,	24th July 1887
4. Place of Birth (Street and Number),	49 Lemberts Alley
5. Full Name of Mother,	A. Haywood
6. Mother's Maiden Name,	A Nichols
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Haywood
9. Father's Occupation,	Cart Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Angeline Wilson
Address,	1004 S. Howard st
Remarks,	

In the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95870.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 15 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* wht
3. *Date of Birth,* July 27 1887
4. *Place of Birth (Street and Number),* 809 Madison ave
5. *Full Name of Mother,* Susan M Ferguson
6. *Mother's Maiden Name,* Dailey
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Ferguson
9. *Father's Occupation,* Sexton of Church
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return. G Lane Taneyhill

Address, 922 Madison ave.

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 14 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug. 1 1887
4. *Place of Birth (Street and Number),* * 915 N. Caroline St.
5. *Full Name of Mother,* Mrs. Maryjane Boden Guthrie
6. *Mother's Maiden Name,* Miss " " Boden
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* Joseph Guthrie Jr.
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. G. G. Rusk M. D.

Address, 2002 E. Balt. St.

Remarks, * Forceps delivery

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95872.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	august the 1st
4. Place of Birth (Street and Number),	Baltimore fort ave 18 yes
5. Full Name of Mother,	Emma Newiker
6. Mother's Maiden Name,	Conway
7. Mother's Birthplace,	Kent Co Md
8. Full Name of Father,	william f Newiker
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	Norfork va
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hutchison
Address,	Light st No 1514
Remarks,	

...ner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH

95873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Andrew Augustus Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, ~~Baltimore~~ Monday August 1st 1887

4. Place of Birth, (Street and Number) 105 Hamilton St Baltimore M.D

5. Full Name of Mother, Elizabeth Jackson

6. Mother's Maiden Name, " Purnell

7. Mother's Birthplace, Baltimore M D

8. Full Name of Father, Andrew A. Jackson

9. Father's Occupation, Waiter

10. Father's Birthplace, Petersburg V. A

Name of Medical Attendant, or other Person who makes this Return C. Jones

Address, 515 Hargrove Ally

Remarks,

of the parents, and the maiden name of the mother of such child or children."

G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 95874.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 1 1887
4. *Place of Birth, (Street and Number)* 504 Canoe Ave.
5. *Full Name of Mother,* Bertha Levy
6. *Mother's Maiden Name,* Bertha Arnold
7. *Mother's Birthplace,* Penn.
8. *Full Name of Father,* Jacob Levy.
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. A B Arnold M D

Address,

Remarks,

HEALTH DEPARTMENT AUG 8 1887 BALTIMORE, MD.

...parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be reco[illegible] as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95875.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, August 1st 1887
4. Place of Birth (Street and Number), 944 N. Howard St
5. Full Name of Mother, Carrie Cooper
6. Mother's Maiden Name, " Loney
7. Mother's Birthplace, Annarundle Co Md
8. Full Name of Father, Samuel Cooper
9. Father's Occupation, Waiter
10. Father's Birthplace, Centerville Md

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

HEALTH DEPARTMENT ... BALTIMORE

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail [illegible] comply with the provisions of this section shall be subjected [illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 7-13-54

RETURN OF A BIRTH

95876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Aubrey German

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 1st 1887
4. Place of Birth (Street and Number), 215 N. High
5. Full Name of Mother, Alice German
6. Mother's Maiden Name, " Lewis
7. Mother's Birthplace, Balti
8. Full Name of Father, Thos German
9. Father's Occupation, Brakeman
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. D. Street MD

Address, 418 G. Eden St

Remarks, Second one born of twins

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible]ly with the provisions of this section shall be subjected t[illegible] fine of ten (10) dollars for each offence, to be reco[illegible]ed as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, AUG 2 1887, BALTIMORE, MD.

[illegible]tim[illegible]e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95877.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug 1st 1887
4. *Place of Birth (Street and Number),* 215 N. High
5. *Full Name of Mother,* Alice German
6. *Mother's Maiden Name,* " Lewis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thos German
9. *Father's Occupation,* Brakesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. D Sheath M.D.

Address, 403 N. Exeter St.

Remarks, The first born of twins

HEALTH DEPARTMENT, AUG 1887, BALTIMORE MD.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail in [illegible] with the provisions of this section shall be subjected [illegible] fine of ten (10) dollars for each offence, to be reco[illegible]d as other fines and forfeitures are recoverable.

[illegible]ltim[illegible]e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First,

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th 1887

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Edith Crow

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return H. L. Hutt

Address, 113 Ed 115 W. Lombard St

Remarks, City

HEALTH DEPARTMENT, AUG 9 1887 BALTIMORE, MD.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

95879.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1887
4. Place of Birth (Street and Number)	825 Cross St.
5. Full Name of Mother	Mrs John E. Bright
6. Mother's Maiden Name	
7. Mother's Birthplace	probably Baltimore
8. Full Name of Father	John E. Bright
9. Father's Occupation	Wagon driver at present
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas F. McCormick M D
Address	1529 Eutaw Place
Remarks	

Missing # 95880

RETURN OF A BIRTH 95881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frank A. Siegrist

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 1st 1887.
4. *Place of Birth (Street and Number),* 1828 Bank Street
5. *Full Name of Mother,* Maggie (~~Secrist~~) Siegrist
6. *Mother's Maiden Name,* Maggie Nacke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob (~~Secrist~~) Siegrist
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 1829 East Pratt Street.

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and in the manner and within who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Whit
3. Date of Birth	1st August 87
4. Place of Birth (Street and Number)	920 Franklin St.
5. Full Name of Mother	Leila A Irwin
6. Mother's Maiden Name	Bodensiek
7. Mother's Birthplace	Balto City
8. Full Name of Father	William N Irwin
9. Father's Occupation	Clerk
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	J. W. Dinus
Address	1319 Madison Av
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether legitimate or illegitimate, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT, AUG 4 1887 BALTIMORE

RETURN OF A BIRTH 95883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white
3. Date of Birth, 1 August
4. Place of Birth (Street and Number), 1424 E. Monument St.
5. Full Name of Mother, Katie Eberwein
6. Mother's Maiden Name, " Hinkel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wiliam Eberwein
9. Father's Occupation, Lock Smith
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Ulbig

Address, 1302 Holland St

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of [illegible], or should the other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug 1st 1887

4. *Place of Birth, (Street and Number)* 39 L. McElderry St.

5. *Full Name of Mother,* Dora Cohn

6. *Mother's Maiden Name,* " Abramsan

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Jacob Cohn

9. *Father's Occupation,* Coat Preser

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Rebbeca Kaplan

Address, 207 S. Caroline St.

Remarks,

HEALTH DEPARTMENT BALTIMORE CITY 1887

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug 1. 87
4. *Place of Birth (Street and Number),* Cooksie St. 1341
5. *Full Name of Mother,* Cathrina Samstag
6. *Mother's Maiden Name,* Brack
7. *Mother's Birthplace,* Mergentheim, Würtenberg in Deutschland
8. *Full Name of Father,* Michael Samstag
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Boxberg, Baden in Deutschland

Name of Medical Attendant, or other person who makes this Return. Frau Joh. Jonske

Address, Garrett Ave. 86

Remarks, Locust Point

HEALTH DEPT. AUG 4 1887 BALTIMORE, MD.

...ferred, its sex, color, the full name and occupation of the person in the form of a certificate between the first and third day of ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altim... e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 1
4. *Place of Birth, (Street and Number)* Eastern Ave No. 88
5. *Full Name of Mother,* Francesca Bilgen
6. *Mother's Maiden Name,* " " Casper
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ludwig Bilgen
9. *Father's Occupation,* Cooper Smith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Schuman

Address, Canton Ave No. 1436

Remarks,

BEARD ... AUG 5 1882 BALTIMORE, MD.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 1st August 1887
4. *Place of Birth (Street and Number),* No. 131 Madison St.
5. *Full Name of Mother,* Lizzie Hall
6. *Mother's Maiden Name,* Lizzie Berkold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Hall
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. Ch. Lucas

Address, No. 1054 Hartford Ave.

Remarks, Bal. Md.

1887

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* [illegible] 11
4. *Place of Birth (Street and Number),* [illegible]
5. *Full Name of Mother,* Delia Gallagher
6. *Mother's Maiden Name,* Delia Garrity
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Gallagher
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, Bal[illegible]

[illegible]

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of H[illegible], in the manner and within the period above required, [illegible]ny such person or persons who shall hereafter fa[illegible]omply with the provisions of this section shall be subject [illegible] the fine of ten (10) dollars for each offence, to be r[illegible]vered as other fines and forfeitures are recoverable.

AUG 5 1887 BALTIMORE, MD.

[illegible]timore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ~~d~~ Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 2 1887.
4. Place of Birth (Street and Number),	1728 Chapsico st.
5. Full Name of Mother,	Ricky Redmann.
6. Mother's Maiden Name,	Moegling.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Edward Redmann.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	1111

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether male or female),* female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* August the 2 d.
4. *Place of Birth (Street and Number),* 1723 Hanover St
5. *Full Name of Mother,* Lizabeth Cox.
6. *Mother's Maiden Name,* Lizabeth Klinspetter.
7. *Mother's Birthplace,* Pensilvenian.
8. *Full Name of Father,* Chas E Cox
9. *Father's Occupation,* Working for B. C. O. R.R.
10. *Father's Birthplace,* Barned Kompden Balto County Md

Name of Medical Attendant, or other person who makes this Return. Ana Maria Goeller.

Address, 1703 Hanover St. M.D.

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately there[illegible] it shall become the duty of the person or parents of such [illegible] to report its birth to the Commissioner of Heal[illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible]ply with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), ~~fem~~ male
2. Race or Color (if not of the white race), white
3. Date of Birth, Aug 2nd 1887
4. Place of Birth (Street and Number), 2022 Eastern ave
5. Full Name of Mother, Winnifred Turner
6. Mother's Maiden Name, " " Murdoch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Nicholas S. Turner
9. Father's Occupation, Can maker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Wiley

Address, No 641 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE, MD.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95892.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10" child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 2/87
4. Place of Birth (Street and Number), 620 S Bond St.
5. Full Name of Mother, Catherine Harris
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac Harris
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D

Address, 129 So Broadway

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the child's [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately th[illegible]fter it shall become the duty of the person or parents of su[illegible]child to report its birth to the Commissioner of H[illegible] in the manner and within the period above required, a[illegible]y such person or persons who shall hereafter fai[illegible]omply with the provisions of this section shall be subject[illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 95892.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10" child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 2/87
4. Place of Birth (Street and Number), 620 S Bond St.
5. Full Name of Mother, Catherine Harris
6. Mother's Maiden Name, " Morris
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac Harris
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D

Address, 129 So Broadway

Remarks,

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lawrence Bouchat

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 2nd 1887
4. Place of Birth (Street and Number),	No 1015 Myrtle ave
5. Full Name of Mother,	Mary ~~Bouchat~~
6. Mother's Maiden Name,	Mary Braunleis
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	August Bouchat
9. Father's Occupation,	Brass Moulder
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Dimmler
Address,	217 N. Schroeder St
Remarks,	City

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~) Second (2d)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2d. 1889

4. Place of Birth, (Street and Number) No. 918 North Ann Street

5. Full Name of Mother, Mrs. Ella Elizabeth Smith

6. Mother's Maiden Name, Miss Ella E. Frazier

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Mr. James M. Smith

9. Father's Occupation, Clerk

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendenen M.D.

Address, No 418 N. Broadway

Remarks, Nurse, Mrs. M. L. Diamond, #2038 E. Fayette St.

AUG 6 1889 REGISTRAR BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 2 1887.
4. Place of Birth (Street and Number),	1418 Latapsico st.
5. Full Name of Mother,	Maggie Beckes
6. Mother's Maiden Name,	Carpen
7. Mother's Birthplace,	Amerika
8. Full Name of Father,	Ernest Becker
9. Father's Occupation,	Brick layer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J Lohwasser Midwife
Address,	1032 Hanover st.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 5 1887

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 30th Aug 1889
4. *Place of Birth (Street and Number),* No 123 Forrest Place
5. *Full Name of Mother,* Kate Merwood
6. *Mother's Maiden Name,* Kate Casey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mike Merwood
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 159 Hartford

Remarks, Bal Aug (85)

shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AUG 9 1889 BALTIMORE, MD.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 the

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2 the 87 (Lun 5 am)
4. *Place of Birth, (Street and Number)* 1732 Olisann st
5. *Full Name of Mother,* Lyna Filadowski
6. *Mother's Maiden Name,* Stacharowski
7. *Mother's Birthplace,* Gnesen Germani
8. *Full Name of Father,* Jozef Stacharowski
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Gnesen Germani

Name of Medical Attendant, or other Person who makes this Return. Maria Güttner

Address, 728 S. Wolfe Stret

Remarks. Fil. Jarstowski 1732 Olisann st
to St Alphonsus Cmi August 3 the 87

BALTIMORE CITY HEALTH DEPARTMENT AUG 3 1887

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereby fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95898)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2nd august
4. *Place of Birth, (Street and Number)* 624 Bradford aley
5. *Full Name of Mother,* Laura ann Barnes
6. *Mother's Maiden Name,* Laura ann Watts
7. *Mother's Birthplace,* saint marys Co md
8. *Full Name of Father,* Joseph W Barnes
9. *Father's Occupation,* labor
10. *Father's Birthplace,* saint marys Co md

Name of Medical Attendant, or other Person who makes this Return henretta glascow

Address, mcelderry st extended

Remarks, well as can Be expected

HEALTH DEPARTMENT, AUG 1887 BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the same, certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95899.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 2" 1887
4. Place of Birth (Street and Number),	Highland Town
5. Full Name of Mother,	Rosa Genzler
6. Mother's Maiden Name,	Beahom
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Genzler
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return	Mrs. Wiley
Address,	611 Patterson Park Ave.
Remarks,	

HEALTH DEPARTMENT
AUG 15 1887
BALTIMORE, MD.

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been ever before born of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95900.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2d 1887.
4. Place of Birth, (Street and Number) 1529 Pen. Ave
5. Full Name of Mother, Francist Va. D'Unger
6. Mother's Maiden Name, Bouez
7. Mother's Birthplace, Pa.
8. Full Name of Father, Jno. H. D'Unger
9. Father's Occupation, Carpenter
10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address, 1821 Mad. Ave.

Remarks,

BALTH. DEPARTMENT, AUG 3 1887 BALTIMORE, MD.

parents, the date and place of ... certificate between the first ar... day of e... birth of any child shall occur without the attend... be in attendance upon the mother, immediately t... report its birth to the Co... ioner of Health, or persons who shall here... ail to comply wit... for each offense to be reco... as other fines and ... ed, duly signed by the practitioner ... the Office of the Commissioner of Health. In case the ... r practitioner of midwifery, or should no other person ... come the duty ... or parents of such child to ... ner and within ... and any such person ... isions of this ... of ten (10) dollars ... ures are reco...

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* 2 August
4. *Place of Birth (Street and Number),* 235 Smiths court
5. *Full Name of Mother,* Ella Chester
6. *Mother's Maiden Name,* " Green
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Andrew Chester
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose [illegible]

Address, 302 Holl[illegible]

Remarks,

HEALTH DEPARTMENT AUG 4 1897 BALTIMORE

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95902.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 3. 87.
4. *Place of Birth, (Street and Number)*	965 Fremont Ave.
5. *Full Name of Mother,*	Mary Slaysmann
6. *Mother's Maiden Name,*	" Wilson
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Alex. Slaysmann
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Robinson M.D.
Address,	725 Fremont Ave
Remarks,	

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines are by law recoverable.

RETURN OF A BIRTH. 95903.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 3.
4. *Place of Birth, (Street and Number)* 823 E. Pratt St.
5. *Full Name of Mother,* Besty Cohen
6. *Mother's Maiden Name,* Shulman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mack Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ushman

Address, 202 S. Caroline St.

Remarks, _____

BALTIMORE MD. AUG 8 1887

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth,*	August 3/87
4. *Place of Birth, (Street and Number)*	No. 113 Barney St.
5. *Full Name of Mother,*	Laura E. Myers.
6. *Mother's Maiden Name,*	" " Whitehead
7. *Mother's Birthplace,*	Anne Arundel Co. Md.
8. *Full Name of Father,*	George Myers.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Anne Arundel Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Annie Gems.
Address,	No. 1814 Light St.
Remarks,	Yours Truly.

birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 8 188[illegible]

BALTIMORE MD.

RETURN OF A BIRTH 95905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 3rd 1887

4. Place of Birth, (Street and Number) No 552 Elbow Lane

5. Full Name of Mother, Annie Tartar

6. Mother's Maiden Name, " " Fowell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James H Tartar

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Charlotte Proctor Midwife

Address, No 511 Carlton St City

Remarks,

HEALTH DEPARTMENT, AUG 8 1887, BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner [illegible] period above required, and any such person or persons who shall hereafter fail to comply with [illegible] shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and [illegible] are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95906.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — —

3. Date of Birth, August 3 rd.

4. Place of Birth, (Street and Number) No. 522, Chapple St

5. Full Name of Mother, Lizzie Ritz

6. Mother's Maiden Name, Spiegel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Ritz

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Schulte

Address, No. 528 Washington St.

Remarks,

HEALTH DEPARTMENT, AUG 8 1888 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

95907.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT, AUG 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Aug 3rd 1887
4. *Place of Birth (Street and Number)*	2113 McEldery St
5. *Full Name of Mother*	Julia ~~Camel~~ Mathews
6. *Mother's Maiden Name*	" Camel
7. *Mother's Birthplace*	Va
8. *Full Name of Father*	Richard Mathews
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Va
Name of Medical Attendant, or other Person who makes this Return.	Certy Lockman
Address	1614 Joppa Road
Remarks	

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st (95908)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3rd 1887
4. *Place of Birth, (Street and Number)* 2108 E Baltimore St
5. *Full Name of Mother,* Henrietta Kraus,
6. *Mother's Maiden Name,* Henrietta Hamburger.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Kraus.
9. *Father's Occupation,* Cigar Manufacturer.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return J. W. Honck MD

Address, 1005 E Baltimore St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the [illegible] immediately thereafter, it shall then become the duty of the parent or parents of such child [illegible] the Board of Health, in the manner, and within the period above [illegible] required, except in [illegible] deaths of illegitimate children, and any person or persons [illegible] shall hereafter [illegible] with the [illegible] of section shall be subject to a fine of ten dollars [illegible] each offence to be recovered [illegible] are recoverable.

AUG 4 1887 BALTIMORE MD

[illegible], CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(95909)

HEALTH DEPARTMENT
AUG 15 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 3 1887
4. *Place of Birth, (Street and Number)* 1038 Light St.
5. *Full Name of Mother,* Mollie Flynn
6. *Mother's Maiden Name,* Norman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Flynn
9. *Father's Occupation,* Gas Fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, 602 Hanover St

Remarks,

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th (95910)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3rd 1887.
4. *Place of Birth, (Street and Number)* 1511 Mulberry St.
5. *Full Name of Mother,* Jenette K. Broumel.
6. *Mother's Maiden Name,* Jenette K. Medcalfe
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry M. Broumel
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return H. H. Biedler M.D.

Address, 119 W. Saratoga St.

Remarks, City.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

DEPARTMENT, AUG 4 1887 BALTIMORE

...CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95711.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Fanny

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug (4) 1887
4. *Place of Birth (Street and Number),* 821 E. Pratt St
5. *Full Name of Mother,* Mary Pussan
6. *Mother's Maiden Name,* Mary Pessenisk
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Pussan
9. *Father's Occupation,* Redoller
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st ex 103.

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White race
3. Date of Birth,	August. 4/87
4. Place of Birth, (Street and Number)	No. 112. Clement. St.
5. Full Name of Mother,	Annie. B. Voelkel
6. Mother's Maiden Name,	" " Flafn
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	John. Voelkel.
9. Father's Occupation,	Shoemaker.
10. Father's Birthplace,	Prusia. Europe.
Name of Medical Attendant, or other Person who makes this Return.	Annie. Geems.
Address,	No. 1714 Light. St.
Remarks,	Yours. Truly.

AUG 8 1887 BALTIMORE MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offense to be [illegible]ered as other fines and forfeitures are recoverable.

Murphy & Co. City Printers and Stationers.

RETURN OF A BIRTH 95913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colord
3. *Date of Birth,* Aug 4 1887
4. *Place of Birth (Street and Number),* No 1204 Sheilds alley
5. *Full Name of Mother,* Rachel Lawkins
6. *Mother's Maiden Name,* Rachel White
7. *Mother's Birthplace,* Prince George County
8. *Full Name of Father,* Walter Lawkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Talbot County

Name of Medical Attendant, or other person who makes this Return. Harjan Mason

Address, 537 Walnut alley

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of H[illegible], in the manner and within the period above required, a[illegible]ny such person or persons who shall hereafter fa[illegible]emply with the provisions of this section shall be subjec[illegible] the fine of ten (10) dollars for each offence, to be [illegible]vered as other fines and forfeitures are recoverable.

ltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

95914

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 4 1887
4. Place of Birth (Street and Number)	Old No 81 N. Schroeder
5. Full Name of Mother	Mary E. Branning
6. Mother's Maiden Name	" " Roach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Branning
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas P. McCormick M.D.
Address	1529 Eutaw Place
Remarks	Normal Labor

RETURN OF A BIRTH 95915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 15 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4th 1887
4. *Place of Birth, (Street and Number)* No. 44 S. Carrollton Ave
5. *Full Name of Mother,* Annie R. Cline
6. *Mother's Maiden Name,* Annie R. Yingling
7. *Mother's Birthplace,* New Windsor Carroll Co. Md.
8. *Full Name of Father,* Eli Cline
9. *Father's Occupation,* Molder
10. *Father's Birthplace,* Elk Landing

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter (Midwife)

Address, 23 N Poppelton St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be [illegible]red as other fines and forfeitures are recoverable.

[illegible]hy & Co., City Printers and Stationers

RETURN OF A BIRTH 95916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 4th 1881
4. *Place of Birth (Street and Number),* 323 S Howard St
5. *Full Name of Mother,* Julia A Hohman
6. *Mother's Maiden Name,* " " Effing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Hohman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D. P.L.B.

Address, 578 Hanover St

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter f[illegible] comply with the provisions of this section shall be subje[illegible] to the fine of ten (10) dollars for each offence, to b[illegible]overed as other fines and forfeitures are recoverable.

[illegible]ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 4th 1887
4. *Place of Birth (Street and Number),* 1271 Johnson St
5. *Full Name of Mother,* Elizabeth Harla
6. *Mother's Maiden Name,* " Sterman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas W Harla
9. *Father's Occupation,* Stone-cutter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...nore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twin 2d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 4th
4. *Place of Birth (Street and Number),* 1203 Whitcoat st
5. *Full Name of Mother,* Mary Herman
6. *Mother's Maiden Name,* Mary Dinzinger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Herman
9. *Father's Occupation,* Tailor
10. *Name of Medical Attendant,* or other person who makes this Return.

Address, Wellgonda Clifford

Remarks, 529 Columbia ave

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Monroe Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Six Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 4" 1887.
4. Place of Birth (Street and Number),	No 6 Moyer str.
5. Full Name of Mother,	Goldbeck
6. Mother's Maiden Name,	Margareth Bupp
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Bupp
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Gettysburg Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park.
Remarks,	

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE MD.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* August 4th
4. *Place of Birth (Street and Number),* Morton Alley at 8
5. *Full Name of Mother,* Grace Pain
6. *Mother's Maiden Name,* " Segney
7. *Mother's Birthplace,* Fitz Washington D Co.
8. *Full Name of Father,* Henry Paine
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Washington. D Co

Name of Medical Attendant, or other person who makes this Return. Mc Annie Johnson

Address, 110 Tyson

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 95921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* August 4th 17
4. *Place of Birth, (Street and Number)* 27 E Biddle Alley
5. *Full Name of Mother,* Mary Holmes
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Holmes
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. Steinbrenner M.D.

Address, 1030 Myrtle Ave.

Remarks,

BALTIMORE CITY HEALTH DEPARTMENT AUG 17

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 95922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Isaac H. Phillipson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 4 '87

4. Place of Birth, (Street and Number) 6127 Biddle Street

5. Full Name of Mother, Yetta Herzod Phillipson

6. Mother's Maiden Name, Yetta Herzod

7. Mother's Birthplace, New Haven, Connecticut

8. Full Name of Father, Alexander Phillipson

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Westphalia

Name of Medical Attendant, or other Person who makes this Return. C. Steinbrenner M.D.

Address, 1033 Myrtle Ave.

Remarks,

AUG 5 1887 BALTIMORE CITY

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be [illegible] duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug. 4 1887
4. *Place of Birth (Street and Number),* 313 S. Bond St.
5. *Full Name of Mother,* Julia Feller
6. *Mother's Maiden Name,* Bunker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. H. Feller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks, Mt Carmal Aug 5th
Wm J Schaeffer #8 S Front St

BRITISH DEPARTMENT, AUG 5 1887 BALTIMORE, MD.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-20-51

RETURN OF A BIRTH 95924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hettie Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 4th 1887
4. *Place of Birth (Street and Number),* 119 Low st.
5. *Full Name of Mother,* Hannah (Schneider) Snyder
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Moritz (Schneider) Snyder
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Bernstein

Address, 122 S. Exeter st.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Franklin Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 4th 1887
4. *Place of Birth (Street and Number),* 129½ Johnson st
5. *Full Name of Mother,* Eva Thompson
6. *Mother's Maiden Name,* Eva Benton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Plummer Thompson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks, GIVEN NAME ADDED 11-15-54 Hfg

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* August, 4th 1887 = 830 A.M.
4. *Place of Birth, (Street and Number)* 1175 E Lombard St
5. *Full Name of Mother,* Emma Dietrich
6. *Mother's Maiden Name,* " Laughemy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Alexander J. Dietrich
9. *Father's Occupation,* Plumber & Gas Fitter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. Alvego Shertzer Md.

Address, 1102 E Balto St

Remarks,

HEALTH DEPARTMENT AUG 5 1887 BALTIMORE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 5787
4. Place of Birth, (Street and Number)	1731 Hanna
5. Full Name of Mother,	Nonie M Hilltide
6. Mother's Maiden Name,	Nonie M Hammond
7. Mother's Birthplace,	Frederick Co Md
8. Full Name of Father,	Ellsworth D. Willhide
9. Father's Occupation,	Night Clerk B & O Round House
10. Father's Birthplace,	Martinsburg Va
Name of Medical Attendant, or other Person who makes this Return	L B Postle Md
Address,	1127 Druid Hill Ave
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Jennie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Schändle

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 5, 1887
4. Place of Birth (Street and Number), 1106 Douglas St
5. Full Name of Mother, Rosie Greenfeld
6. Mother's Maiden Name, Rosie Schlisburg
7. Mother's Birthplace, Austria
8. Full Name of Father, Louis Greenfeld
9. Father's Occupation, Peddler
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. E Schermon

Address, Albemarle st No 103.

Remarks, GIVEN NAME ADDED. 5-20-53

L.M.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 5th 1887
4. *Place of Birth (Street and Number),* 121 S. Exeter st.
5. *Full Name of Mother,* Jennie Pepitone
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vincent Pepitone
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 5 1887.
4. Place of Birth (Street and Number),	722 West st.
5. Full Name of Mother,	Minnie Seebo.
6. Mother's Maiden Name,	Heiliger.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Charles Seebo.
9. Father's Occupation,	Cigar-maker.
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover St.
Remarks,	

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recoverable, and forfeitures are recoverable as other fines and fe

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* ~~Female~~ Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 5/87

4. *Place of Birth, (Street and Number)* 218 Hanover St

5. *Full Name of Mother,* Lena Goldberg

6. *Mother's Maiden Name,* Lena Lazeres

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Israel Goldberg

9. *Father's Occupation,* Country Store

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Dr. R. Goldsmith

Address, 301 Hanover St

Remarks,

HEALTH DEPARTMENT AUG 16 BALTIMORE

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 95932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5th 1887
4. *Place of Birth, (Street and Number)* 1709 Hanover st
5. *Full Name of Mother,* Healthy Schweitzer
6. *Mother's Maiden Name,* Healthy Clemens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jefferson Schweitzer
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, N° 1517 Byrd st

Remarks,

be in attendance upon the mother, immediately thereafter to sha
report its birth to the Commissioner of Health, in the manner
or persons who shall hereafter fail to comply with the provisions
for each offense to be recovered as other fines and forfeitures ar

& Co., City Printers and Stationers

RETURN OF A BIRTH 95933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th August.
4. *Place of Birth, (Street and Number)* 218 N. Eden.
5. *Full Name of Mother,* Annie D. Spence.
6. *Mother's Maiden Name,* Annie D. Searey.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Agusta A. Spence.
9. *Father's Occupation,* Bricklaying Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs M. E. Hurley.

Address,

Remarks,

birth of any child shall occur without the attend... be in attendance upon the mother, immediately ... report its birth to the Commissioner of Health. In ... or persons who shall hereafter fail to comply with the pro... for each offence to be re... ed as other fines and forfeitu...

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH, 95934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug. 5 1887
4. *Place of Birth, (Street and Number)* 1611 Madison Ave.
5. *Full Name of Mother,* Maimie Hecht
6. *Mother's Maiden Name,* Maime Siegel
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Emanuel Hecht
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt. city.

Name of Medical Attendant, or other Person who makes this Return. A B Arnold M D

Address,

Remarks,

AUG 8 1887
BALTIMORE, MD.

Certificate between the first and third day of each and every birth of any child shall occur without the attendance of a [illegible] of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child, to report its birth to the Commissioner of Health, in [illegible] above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, [illegible] subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 95735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	Fourth
1. *Sex*, (*state whether male or female*)	Female.
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*	Aug 5/87. 3.30. P.M.
4. *Place of Birth*, (*Street and Number*)	110. N. Stricker St.
5. *Full Name of Mother*,	Avalonia Poulson.
6. *Mother's Maiden Name*,	Avalonia Marsh.
7. *Mother's Birthplace*,	Baltimore.
8. *Full Name of Father*,	Henry K. Poulson.
9. *Father's Occupation*,	Real Estate
10. *Father's Birthplace*,	Denmark. E. C.
Name of Medical Attendant, or other Person who makes this Return.	A. H. Saxton MD
Address,	1136 Eutaw St.
Remarks,	Delivery per forceps

BALTIMORE CITY HEALTH DEPARTMENT AUG 17 1887 REGISTRAR'S OFFICE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 95936.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth Aug 6th 87
4. Place of Birth, (Street and Number) 632 Vine St
5. Full Name of Mother, Annie Dorsey
6. Mother's Maiden Name, Annie Onley
7. Mother's Birthplace. Northampton, Co. Virginia
8. Full Name of Father, Henry Dorsey
9. Father's Occupation. Caterer
10. Father's Birthplace, St Mary's Co. Md

Name of Medical Attendant, or other Person who makes this Return. Elf Welch M D

Address, Park Ave & Mulberry St City

Remarks,

birth of any child shall occur without the attendance of a [illegible] of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] of the person or parents of such child, to report its birth to the Commissioner of Health, in the [illegible] above required, and any such person or persons who shall hereafter fail to comply with [illegible] subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and [illegible] are recoverable.

BIRTH DEPARTMENT, AUG 8 1887 BALTIMORE MD

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August the 6th 1887.

4. *Place of Birth, (Street and Number)* Ramsay St No 567

5. *Full Name of Mother,* Rosey F. Brady.

6. *Mother's Maiden Name,* Reibold

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Philip L Brady

9. *Father's Occupation,* Coiler maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Ledley

Address, No 1907 Lexington St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

ULANY & CO., CITY PRINTERS AND STATIONERS.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* Aug 17 1887
4. *Place of Birth (Street and Number),* 639 Carlton St
5. *Full Name of Mother,* Mary Douglass
6. *Mother's Maiden Name,* " Williams
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Caleb Douglass
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Wm L Morgan

Address, 313 N Centaw St.

Remarks,

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	august the 6th.
4. Place of Birth (Street and Number),	Baltimore 1619 fort Ave
5. Full Name of Mother,	laura Mullen
6. Mother's Maiden Name,	Canon
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Mullen
9. Father's Occupation,	tinnsofer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	light st No 1514
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED

RETURN OF A BIRTH.

95940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Bertha Earles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 6th 1887
4. Place of Birth (Street and Number)	~~Bertha Davis~~ #1100 Fulton av
5. Full Name of Mother	Bertha Davis
6. Mother's Maiden Name	
7. Mother's Birthplace	Anne Arundel Co
8. Full Name of Father	Daniel F. Earles
9. Father's Occupation	
10. Father's Birthplace	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Cartwer
Address	# 10 Hamilton St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the full name, nativity, and residence born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT AUG 1 1887 BALTIMORE CITY

RETURN OF A BIRTH. 95941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug. 6. /87.
4. *Place of Birth, (Street and Number)* 312 N. Eden St
5. *Full Name of Mother,* Alberta Krebs
6. *Mother's Maiden Name,* Hurley
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles James Krebs
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer Md

Address, 439 N. Central Ave.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH AUG 12 1887 BALTIMORE

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 95942

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mother (state whether 1st, 2d, 3d, &c.) Second

ther Male or Female) Twins Female

(if not of the white race) Colored

Aug. 6th: 1887

(Street and Number) 1143 Brewers Alley

Mother Annie Williams

len Name " "

place Snow Hill, Md.

Father Wm Benson

pation Waiter

place Balto. co. Md.

lical Attendant, or other Person who makes this Return. W. H. Thompson, M.D.
563 N. Hoffman St.

he infants lived only a short time as their birth was

remature Collapse of lungs was the immediate cause of death

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95943

HEALTH DEPARTMENT, AUG 15 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 6 1887
4. *Place of Birth, (Street and Number)* 119 E. Cross St.
5. *Full Name of Mother,* Annie H. Sobbok
6. *Mother's Maiden Name,* " Brown
7. *Mother's Birthplace,* Cincinnati
8. *Full Name of Father,* B. H. Sobbok
9. *Father's Occupation,* Piano Polisher
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return C. C. Lyons

Address, 602 Hanover St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th . 959414

1. *Sex (state whether male or female),* F
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* Aug 6 1887
4. *Place of Birth (Street and Number),* 1605 Park Place
5. *Full Name of Mother,* Julia A Bates
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* W Va
8. *Full Name of Father,* Jas O Bates
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Ohio

Name of Medical Attendant, or other person who makes this Return. H Winslow MD

Address, 1 Mount Royal Terrace

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First — 95945

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* (Saturday) Aug 6th 87
4. *Place of Birth, (Street and Number)* 114 Mulberry St
5. *Full Name of Mother,* Florence M. Miller
6. *Mother's Maiden Name,* Florence M. Ober
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Adolph W. Miller
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return. [illegible] M.D.

Address, Park Ave & McCoury St.

Remarks,

HEALTH DEPARTMENT AUG 8 1887 BALTIMORE, MD.

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Friday August 5th 1887

4. *Place of Birth, (Street and Number)* 1225 Valley St.

5. *Full Name of Mother,* Ella Stone

6. *Mother's Maiden Name,* Ella Epplen

7. *Mother's Birthplace.* Penn'a

8. *Full Name of Father,* John Stone

9. *Father's Occupation.* Retired Rail Road Employee

10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton MD

Address, Chas St & Fremont Place

Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th August 1887
4. *Place of Birth, (Street and Number)* Chapple St 291
5. *Full Name of Mother,* Margaretha Rogler
6. *Mother's Maiden Name,* Margaretha Thurter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Rogler
9. *Father's Occupation,* Beer Brewer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 head of Children

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored child
3. *Date of Birth,* 7 of august 1888
4. *Place of Birth, (Street and Number)* 906 harmoney lane Balto
5. *Full Name of Mother,* Martha Jackson
6. *Mother's Maiden Name,* Martha Wolice
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Jackson
9. *Father's Occupation,* laBering man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. no necessity

Address, Mid Wife hairett hutson

Remarks, No 1013 harmoney lane

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

AUG 9 1887 BALTIMORE MD

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex (~~state whether male or~~ female),*
2. *Race or Color (~~if not of the~~ white race),*
3. *Date of Birth,* August 5th 187[illegible]
4. *Place of Birth (Street and Number),* 1515 W. Fayette St.
5. *Full Name of Mother,* Ada L. Berryman
6. *Mother's Maiden Name,* Ada L. Jenkins
7. *Mother's Birthplace,* Hanover, Pa.
8. *Full Name of Father,* William H. Berryman
9. *Father's Occupation,* Live Stock Dealer
10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. John J. R. Wood M.D.

Address, 662 W. Lexington St.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 7th 1887
4. Place of Birth, (Street and Number)	No. 2215 E. Monument St.
5. Full Name of Mother,	Laura Leach
6. Mother's Maiden Name,	" Hall
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	George Leach
9. Father's Occupation,	House Painter
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John. A. Pickel M. D.
Address,	No. 1312 Chew St.
Remarks,	

...birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 15 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. Sex, (state whether male or female)	Girl child
2. Race or Color, (if not of the white race)	Colord
3. Date of Birth,	August 7 1887
4. Place of Birth, (Street and Number)	Trotting court 1640
5. Full Name of Mother,	Annie M ~~Scott~~ Hudman
6. Mother's Maiden Name,	Annie M Truitt
7. Mother's Birthplace,	Bal city
8. Full Name of Father,	Wm H Hudman
9. Father's Occupation,	Calling
10. Father's Birthplace,	Lancaster co Pa
Name of Medical Attendant, or other Person who makes this Return.	Lizebeth Mundowney
Address,	2726 Bethel st Bal
Remarks,	

...hy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 95952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* August 7: 1895

4. *Place of Birth, (Street and Number)* # 638 Brunswick

5. *Full Name of Mother,* Catherine Borden Spicer

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Ulysses Grant Borden

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Johnstown Pa

Name of Medical Attendant, or other Person who makes this Return. A. L. Spicer M.D

Address, 885 N. Fremont Ave

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

N[illegible]f Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 7th
4. Place of Birth, (Street and Number) # 1612 Ellis St
5. Full Name of Mother, Mary Poke
6. Mother's Maiden Name, " Manning
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Poke
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other Person who makes this Return

Address, John G. Huck M D

Remarks, Argyle Ave & Townsend St

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 95954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Aug 1- 1887
4. *Place of Birth (Street and Number),* 1322 Bolton alley
5. *Full Name of Mother,* Lizzie Griffin
6. *Mother's Maiden Name,* Lizzie Hartford
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Griffin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Clarence Watson

Address, 537 Mosher alley

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stat'oners.

RETURN OF A BIRTH 95955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 7 - 1887
4. *Place of Birth (Street and Number),* No 1719 Hanover pt
5. *Full Name of Mother,* Helen Reich
6. *Mother's Maiden Name,* Helen Meiers
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* Frank Reich
9. *Father's Occupation,* Saw Maker
10. *Father's Birthplace,* Baltimore city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, No 108 west Randall st

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 7, 1897
4. *Place of Birth, (Street and Number)* Harford rd. nr North ave, (County)
5. *Full Name of Mother,* Ellen Hargett.
6. *Mother's Maiden Name,* Ellen Woolen
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Andrew Hargett
9. *Father's Occupation,* Lather.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Eug. A. Elwell, M. D.,

Address, 1741 Harford ave.

Remarks,

Every Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	August 4th 1889
4. *Place of Birth, (Street and Number)*	# 829 N Bond St
5. *Full Name of Mother,*	Ella Bacon
6. *Mother's Maiden Name,*	Ella Stewart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm M Bacon
9. *Father's Occupation,*	R.R. Conductor
10. *Father's Birthplace,*	Balto County
Name of Medical Attendant, or other Person who makes this Return	Samll A Powell M.D
Address,	# 214 Aisquith Street
Remarks,	

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 95958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, ~~3d, &c.~~*)

1. *Sex,* (*state whether male ~~or female~~*)

2. *Race ~~or Color, (if not of the~~ white race*)

3. *Date of Birth* August 7th 1887

4. *Place of Birth,* (*Street and Number*) Orleans st

5. *Full Name of Mother,* Lucy Ellen Brady

6. *Mother's Maiden Name,* " " Smith

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* John T. Brady

9. *Father's Occupation,* Lawyer

10. *Father's Birthplace,* Albany N. Y.

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Hare M. D.

Address, 1123 E Balto. st

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 95959

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 7th 1887
4. *Place of Birth, (Street and Number)* Lanvale Street # 1709
5. *Full Name of Mother,* Annie M. Schafer
6. *Mother's Maiden Name,* Annie M. Worsdell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John H. Schafer
9. *Father's Occupation,* Car Inspector
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return L. G. Sparrow M. D.

Address, ~~#~~ 1011 N. Mount Street

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 8 of August 1887

4. Place of Birth (Street and Number), No 1114 Ernest

5. Full Name of Mother, Mary Myers

6. Mother's Maiden Name, Mary Hunter

7. Mother's Birthplace, Baltimore Co

8. Full Name of Father, Daniel Myers

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Hanford Ave

Remarks, Bal Md

1887

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be [illegible]ered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95961

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Augt 8 1887

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Iona

6. *Mother's Maiden Name,* Iona Webster

7. *Mother's Birthplace,*

8. *Full Name of Father,* John Manburger

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 t

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* —
3. *Date of Birth,* Aug. 8 1887
4. *Place of Birth (Street and Number),* 625 N. Bethel St.
5. *Full Name of Mother,* Annie Elizabeth Coop Scott
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balt Md.
8. *Full Name of Father,* Richard Franklin Scott
9. *Father's Occupation,* Produce dealer
10. *Father's Birthplace,* Balt Md.

Name of Medical Attendant, or other person who makes this Return. W. G. Lynch M.D

Address, 1008 E. Balt St.

Remarks, Natural delivery

HEALTH DEPARTMENT AUG 16 BALTIMORE MD.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	August 8, 1897.
4. Place of Birth (Street and Number),	2768 O'Donnell St.
5. Full Name of Mother,	Elizabeth Walter
6. Mother's Maiden Name,	Elizabeth Lindaman
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Charles Walter
9. Father's Occupation,	Brick-molder
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

HEALTH DEPARTMENT
AUG 17
BALTIMORE MD

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 8, 1897
4. Place of Birth (Street and Number),	2933 Sanderley St.
5. Full Name of Mother,	Jennie Bachelor
6. Mother's Maiden Name,	Jennie Mc Gravery
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	William Bachelor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Public Library, City Printers and Stationery.

RETURN OF A BIRTH 95965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Chifd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug 8 1887.
4. *Place of Birth (Street and Number),* 1221 William st.
5. *Full Name of Mother,* Katie Prill.
6. *Mother's Maiden Name,* Mattis.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John Prill.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J Lohwasser Midwife.

Address, 1032 Hanover st.

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	August 8th
4. Place of Birth (Street and Number),	111 State Street
5. Full Name of Mother,	Henrietta Jackson
6. Mother's Maiden Name,	Brown
7. Mother's Birthplace,	St marys
8. Full Name of Father,	James Jackson
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs Catherine Johnson
Address,	716 Tyson st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 9596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Femal
2. *Race or Color (if not of the white race),* Coloree
3. *Date of Birth,* August 8
4. *Place of Birth (Street and Number),* 216 Forster Alley
5. *Full Name of Mother,* Priscilla Irland
6. *Mother's Maiden Name,* Adams
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Irland
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Farmard County

Name of Medical Attendant, or other person who makes this Return. Mrs Anne Johnson

Address, 710 Tyson st

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* august the 8th
4. *Place of Birth (Street and Number),* Baltimore wshage St No 4020
5. *Full Name of Mother,* anne E frebuger
6. *Mother's Maiden Name,* Mcnamee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* robart Ev frebuger
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be [illegible]ered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 95969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex.* (state whether male or female) Male

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth* Monday Aug 8th 87

4. *Place of Birth,* (Street and Number) 140½ Thurlow Ave

5. *Full Name of Mother,* Mary Garrison

6. *Mother's Maiden Name,* Mary Frazer

7. *Mother's Birthplace,* Richmond Va

8. *Full Name of Father,* Walter S. Garrison

9. *Father's Occupation,* Picture frame moulder

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Dr. Co.

Address. Park Ave & Hamilton St

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Negro
3. Date of Birth,	August 8th 1887
4. Place of Birth (Street and Number),	1121 Saratoga st.
5. Full Name of Mother,	Mary Jones
6. Mother's Maiden Name,	Mary Jennings
7. Mother's Birthplace,	Brooklyn. N. York
8. Full Name of Father,	Alexander Jones
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Queen Anne Co Md.
Name of Medical Attendant, or other person who makes this Return.	Wm Delany Thomas M.D
Address,	513 N Carey st
Remarks,	

the midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95971.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 15 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) mail

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Date Eith

4. Place of Birth, (Street and Number) Baltimore Winter Street 120

5. Full Name of Mother, Mary an Deane

6. Mother's Maiden Name,

7. Mother's Birthplace, Tailbre island Dorchester county

8. Full Name of Father, Samuel Barney

9. Father's Occupation, Corbore

10. Father's Birthplace, Calbert county

Name of Medical Attendant, or other Person who makes this Return. Mary maker

Address, 142 York street

Remarks,

...birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

95972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th day of August 1887
4. *Place of Birth, (Street and Number)* No 707 Forrest st
5. *Full Name of Mother,* Mary A. Hussman.
6. *Mother's Maiden Name,* Mary A. Wernsing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. W. Hussman
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Wooden

Address, 936 Greenmount Ave near Eager

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95973.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* colard
3. *Date of Birth,* augest 8 th
4. *Place of Birth (Street and Number),* city 1414 bruce st
5. *Full Name of Mother,* elisebeth ~~[illegible]~~ sciner
6. *Mother's Maiden Name,* elisebeth dosey
7. *Mother's Birthplace,* colberd county
8. *Full Name of Father,* dont know
9. *Father's Occupation,* lober
10. *Father's Birthplace,* colbord county

Name of Medical Attendant, or other person who makes this Return. jan warren

Address, 1701 ditman court

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 95974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9th 1884
4. *Place of Birth, (Street and Number)* 1576 John St
5. *Full Name of Mother,* Maria Geissendoffer
6. *Mother's Maiden Name,* Maria Sinton
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James T Geissendoffer
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. H. Shimmel Mrs.

Address,

Remarks, Lo 3 N Dary St

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95975.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 9 1887.
4. Place of Birth (Street and Number),	606 Little Green st.
5. Full Name of Mother,	Dielge Quinlien.
6. Mother's Maiden Name,	Ingrid.
7. Mother's Birthplace,	Ireland.
8. Full Name of Father,	Mike Quinlien.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohrvasser Midwife
Address,	1032 Hanover st.
Remarks,	

BOARD OF HEALTH AUG 15 1887 BALTIMORE MD.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95976.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* August 9, 1887

4. *Place of Birth, (Street and Number)* 1045 Greenmount Ave

5. *Full Name of Mother,* Ellen F. McComas

6. *Mother's Maiden Name,* Fillinger

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Harry McComas

9. *Father's Occupation,* Sign painter

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or Other Person who makes this Return Jas. M. Craighill

Address, 1720 N. Charles St.

Remarks,

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE, MD.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent; or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 95977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, August 9th 87
4. Place of Birth (Street and Number), 730 Dover St
5. Full Name of Mother, Annie McLaughlin
6. Mother's Maiden Name, Annie Doory
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter McLaughlin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappelton St

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95978.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 9th 1887

4. *Place of Birth, (Street and Number)* 733 Cumberland St

5. *Full Name of Mother,* Annie Griffin

6. *Mother's Maiden Name,* Simonds

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* Robt. W. Griffin

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Washington D.C

Name of Medical Attendant, or other Person who makes this Return. H. O. Christian M.D.

Address, 1821 Madison Ave

Remarks,

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE, MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 95979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), white
3. Date of Birth, August 9. 87
4. Place of Birth (Street and Number), Element St. 1528
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Gottsleben
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Miller
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, Garrett Ave 86

Remarks, Locust Point

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance up to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recov[illegible] as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 95980.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) African

3. Date of Birth August 9th 1887

4. Place of Birth (Street and Number) No. 131 Arch St.

5. Full Name of Mother Susan Reid Campbell

6. Mother's Maiden Name Susan Reid

7. Mother's Birthplace Maryland

8. Full Name of Father William Campbell

9. Father's Occupation Driver

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M. D.

Address 325 Oak St., nr. 4th.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 95981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether male ~~or female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 1st 1887
4. *Place of Birth (Street and Number),* N. Central Ave. No 618.
5. *Full Name of Mother,* Emma Mitchell
6. *Mother's Maiden Name,* Emma Knaus
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James H. Mitchell
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No. 114

Remarks,

...Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, August 2nd 1887
4. Place of Birth (Street and Number), N. Washington St No 626.
5. Full Name of Mother, Emma Walters
6. Mother's Maiden Name, Emma Eckert
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Walters
9. Father's Occupation, Laborer
10. Father's Birthplace. Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95'983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether ~~male~~ or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 6th 1887
4. *Place of Birth (Street and Number),* Fough St No 1609
5. *Full Name of Mother,* Clara Manzki
6. *Mother's Maiden Name,* Clara Spiller
7. *Mother's Birthplace,* Giersdorf. Saschen. Germany.
8. *Full Name of Father,* Ernest Manzki
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Giersdorf. P. Saschsen. Germany.

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, N. Dallas St No 114

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

95984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9th 1887
4. *Place of Birth, (Street and Number)* 929 Elm Place
5. *Full Name of Mother,* Minnie Kelley
6. *Mother's Maiden Name,* Minnie Weber
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Kelley
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address, 639 Dolphin St.

Remarks,

HEALTH DEPARTMENT AUG 17 1887 BALTIMORE.

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9th 1887
4. *Place of Birth, (Street and Number)* No. 2047 E. Monument St.
5. *Full Name of Mother,* Mrs. Alice Hohman
6. *Mother's Maiden Name,* Miss Alice Kistendorf
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr. John Jacob Hohman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H Clendinen M.D.

Address, No 418 North Broadway

Remarks, Nurse Mother. Mrs. Kistendorf

N.B. If the Nurse is reported at your office in each case it will make a good directory for Physicians. W H. C

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 95986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Mother

3. Date of Birth, 9 of August 1887

4. Place of Birth (Street and Number), No 1043 Aisquith

5. Full Name of Mother, Rosa Trageser

6. Mother's Maiden Name, Rosa Sommers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Trageser

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Harford Ave

Remarks, Bal Md 1887

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, ~~3d,~~ &c.*)

1. *Sex*, (*~~state whether~~ male ~~or female~~*)
2. *Race ~~or Color, (if not of the~~ white race*)
3. *Date of Birth* August 10th 1887.
4. *Place of Birth, (Street and Number)* No. 15 August Pl
5. *Full Name of Mother,* Eliza Brook Stinson
6. *Mother's Maiden Name,* " " Wilcox
7. *Mother's Birthplace,* Carlisle Pa.
8. *Full Name of Father,* William H Stinson
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr Ridgway Andrè M. D.

Address, 1123 E Balto. St

Remarks,

Murphy & Co., City Printers and Stationers.

born, its or their physical condition, whether still b
of the parents, and the maiden name of the mother

RETURN OF A BIRTH. 95988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	10 Aug 1887
4. Place of Birth (Street and Number)	365 E. Balto St
5. Full Name of Mother	Mary Ryan.
6. Mother's Maiden Name	Mary Clark.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm Ryan.
9. Father's Occupation	
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. M. Cookenile M.D.
Address	26 S. Broadway.
Remarks	

RETURN OF A BIRTH 95989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95989

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2ch

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Color Child

3. Date of Birth, 10 of August

4. Place of Birth, (Street and Number) Howard street - 609

5. Full Name of Mother, Nannie Tarde

6. Mother's Maiden Name,

7. Mother's Birthplace, Rural Country

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Millie Gross

Address, 229 York Street

Remarks,

HEALTH DEPARTMENT
AUG 13 1897
BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 95990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 First
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 10th of August
4. Place of Birth (Street and Number),	No 1911 Frederick St
5. Full Name of Mother,	Mrs. Parks
6. Mother's Maiden Name,	Miss. Kratz
7. Mother's Birthplace,	Bayer Germany
8. Full Name of Father,	Mr Parks
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Hannover
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt St
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ue Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 10th 1887.

4. *Place of Birth, (Street and Number)* 1504 Lem. Ave.

5. *Full Name of Mother,* Mary A. Dougherty

6. *Mother's Maiden Name,* Lentz

7. *Mother's Birthplace,* Pa.

8. *Full Name of Father,* E. E. Dougherty

9. *Father's Occupation,* Hotel Keeper

10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return. H. D. Christian M.D.

Address, 1831 Madison Ave

Remarks,

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

95992

GIVEN NAME ADDED 7-20-56

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1887 BALTIMORE MD.

Name: Estella Beatrice Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 10th 1887
4. *Place of Birth (Street and Number)* Preston st 532
5. *Full Name of Mother* Lidy Jane Thompson
6. *Mother's Maiden Name* do do Parker
7. *Mother's Birthplace* Cockey Hill Balt Co
8. *Full Name of Father* Kinrod Thompson
9. *Father's Occupation* Coachman
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Jane D. Easton

Address # 10 Hamilton st Balto Md

Remarks —

RETURN OF A BIRTH 95993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 16 [illegible] BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, August 10 1882

4. Place of Birth, (Street and Number) 1710 Orleans St.

5. Full Name of Mother, Lizzie Edwards

6. Mother's Maiden Name, Lizzie Richingson

7. Mother's Birthplace, Annerundel County

8. Full Name of Father, Samal Edwards

9. Father's Occupation, Laborer

10. Father's Birthplace, Annerundel County

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address, 432. Regester St

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95994

HEALTH DEPARTMENT, AUG 16 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Aug 10th 1887
4. *Place of Birth, (Street and Number)* 227 S. Madera Alley
5. *Full Name of Mother,* Mary Ann Robinson
6. *Mother's Maiden Name,* Mary Ann Ross
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alexander A. Robinson
9. *Father's Occupation,* Baltimore & Ohio Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, ~~or other Person who makes this Return~~ P. V. Hoffman MD

Address, 1812 E Baltimore St. Baltimore Md

Remarks, Was Called in to deliver the placenta the Child having been born 5 hours before.

S. M. H.

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

95'99

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95-998

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 10th 1887
4. *Place of Birth (Street and Number),* S. Central Ave. No 12
5. *Full Name of Mother,* Lizzie Plitt. ~~Carnsman~~
6. *Mother's Maiden Name,* Lizzie Carnsman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Fredrick Plitt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N Dallas St No 114

Remarks,

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 95996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 17 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Wenestday - 10 august
4. Place of Birth, (Street and Number) Casbary Cort 55
5. Full Name of Mother, Seller Carl
6. Mother's Maiden Name, eller foonen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Carl
9. Father's Occupation, coal yard
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dirkes Tomlen

Address, 308 Chestnut st

Remarks,

[illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 10th 1887
4. *Place of Birth, (Street and Number)* No 1054 Raborg St
5. *Full Name of Mother,* Sircelia Carter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Mrs Charlotte Proctor Midwife

Address, 511 (10) Carlton St City

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

95998

No. of Child of Mother, (~~state whether 1st,~~ 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the white race~~) Italian
3. Date of Birth, August, 10th 4 A.M.
4. Place of Birth, (Street and Number) 9 Perry St
5. Full Name of Mother, Augustine Gentella
6. Mother's Maiden Name, " Cammella
7. Mother's Birthplace, Italy
8. Full Name of Father, Francesco Gentella
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. A Wegstherzer Md

Address, 1102 E Balto St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

AUG 10 1897

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH 95999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* august-10th/87
4. *Place of Birth (Street and Number),* 1005- Saratoga St-
5. *Full Name of Mother,* Sarah Regenia Holmes
6. *Mother's Maiden Name,* Sarah Regenia Byrne
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward A. Holmes
9. *Father's Occupation,* painter
10. *Father's Birthplace,* Norbolk Va

Name of Medical Attendant, or other person who makes this Return. Susan Shuster

Address, 231 N Pennellton St

Remarks, Born 1 oclock am died few minutes thereafter Cause Spasms

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 11th Aug 1887
4. *Place of Birth (Street and Number),* No 2339 Boundary Ave
5. *Full Name of Mother,* Mary Apple
6. *Mother's Maiden Name,* Mary Schaub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Apple
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Hartford

Remarks, Bal Md 1887

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 10 1887
4. *Place of Birth, (Street and Number)* 1403 Edmondson ave
5. *Full Name of Mother,* Anna Rebecca Rich
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* J. Bradford Rich
9. *Father's Occupation,* Journalist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill MD

Address, 807 Eutaw ave

Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male ~~Female~~

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 10 of August

4. *Place of Birth, (Street and Number)* 935 Saratoga St

5. *Full Name of Mother,* Bertha Linck

6. *Mother's Maiden Name,* Bertha Frederich

7. *Mother's Birthplace,* Bastorf Germany

8. *Full Name of Father,* John Linck

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Schonstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Wm D White

Address, Monthly Nurse

Remarks,

Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96003

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 10, 1897.
4. *Place of Birth, (Street and Number)* 595 ~~[illegible]~~ St.
5. *Full Name of Mother,* Mrs. Franklin Banker,
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Franklin Banker,
9. *Father's Occupation,*
10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return L. D. L. Gorgas, M.C.

Address, 726 W. Lexington St.,

Remarks, Twin Pregnancy. Normal Labor.

PRINTERS AND STATIONERS

RETURN OF A BIRTH 96004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* August 10, 1887

4. *Place of Birth, (Street and Number)* 695 Lemmon St.

5. *Full Name of Mother,* Mrs. Franklin Banks.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* America.

8. *Full Name of Father,* Franklin Banks.

9. *Father's Occupation,*

10. *Father's Birthplace,* America

Name of Medical Attendant, or other Person who makes this Return Dr. W. B. Gorgas, M.D.

Address, 726 W. Lexington St.

Remarks, Twin Pregnancy. Normal Labor.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 20
4. *Place of Birth, (Street and Number)* 318 first street
5. *Full Name of Mother,* lizzie Hete
6. *Mother's Maiden Name,* lizzie gilet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* gessie gilet
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hart jacksonn

Address, 1 6 C Douglass

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE CITY

Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-31-51

RETURN OF A BIRTH

96006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Biggerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, August 11th 1867.
4. Place of Birth (Street and Number), No 34 Cannon str.
5. Full Name of Mother, Annie (~~Bigiman~~) Biggerman
6. Mother's Maiden Name, Shefline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (Bigiman) Biggerman
9. Father's Occupation, Labora
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

HEALTH DEPARTMENT AUG 15 1867 BALTIMORE MD.

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

sician or practitioner of midwifery, or should no other person be in attendance upon the
hereafter it shall become the duty of the person or parents of such child to report its birth to
alth, in the manner and within the period above required, and any such person or person
to comply with the provisions of this section shall be subjected to the fine of ten (10) dolla
tered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	11th of August 1887.
4. Place of Birth (Street and Number),	2024 East Orleans Street.
5. Full Name of Mother,	Georgea Deitz
6. Mother's Maiden Name,	Georgea Keller.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Fred. Keller.
9. Father's Occupation,	Cigar dealer
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
...dress,	213 North Chapel Street per Justina Kunkel
...ks,	Healthy.

...oners.

Missing #96008

RETURN OF A BIRTH.

96009.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 11th 1887
4. Place of Birth (Street and Number)	10 Point Lane
5. Full Name of Mother	Emma C. Kassing
6. Mother's Maiden Name	Emma C. Fischer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Henry A Kassing
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	A G Watson
Address	1301 N. Central Ave.
Remarks	

RETURN OF A BIRTH 96010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), Colord

3. Date of Birth, July 30 Aug 11th

4. Place of Birth (Street and Number), 309 Rutsell st

5. Full Name of Mother, Sophia Robinson

6. Mother's Maiden Name, Sophia Lee

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Robinson

9. Father's Occupation, Trab

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Angeline Wilson

Address, 1849 S. Howard

Remarks,

HEALTH DEPARTMENT AUG 16 BALTIMORE MD.

Name of the mother of such child or children.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96011.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 11th 1887
4. *Place of Birth (Street and Number),* 1435 Hanover St.
5. *Full Name of Mother,* Henrietta Wills
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James Wills
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Wm Gombel M.D.

Address, 610 S. Sharp St.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96012.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st*~~, 2d, ~~*3d, &c.*~~) Charles Millard La Port

1. *Sex* (~~*state whether*~~ *male* ~~*or female*~~),
2. *Race or Color* (~~*if not of the*~~ *white race*),
3. *Date of Birth,* August 11th 1896.
4. *Place of Birth (Street and Number),* 636 Bruns St.
5. *Full Name of Mother,* Emma C. Lahood.
6. *Mother's Maiden Name,* Emma E. Horton.
7. *Mother's Birthplace,* Baltimore City. Md.
8. *Full Name of Father,* Charles L. Lahood.
9. *Father's Occupation,* Cigar Maker.
10. *Father's Birthplace,* Baltimore City. Md.

Name of Medical Attendant, or other person who makes this Return. John A. L. Wood. M.D.

Address, 662 W Lexington St.

Remarks, CHILD NAME ADDED. 11-18-52

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 11th 1887
4. *Place of Birth (Street and Number),* 205 N. Wolfe
5. *Full Name of Mother,* Rachael D Brown
6. *Mother's Maiden Name,* " Sherman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Behrman
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. D. Elliott M.D.

Address, 413 N. Wolfe

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ity Printers and Stationers.

RETURN OF A BIRTH 96014.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d Child

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 12 th 1887
4. *Place of Birth (Street and Number),* E. Eager St. No. 1309
5. *Full Name of Mother,* Louisa Cunningham
6. *Mother's Maiden Name,* Louisa Parr
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christoph Cunningham
9. *Father's Occupation,* Press. finisher
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St No 114

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recov[illegible] as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 2nd '87.
4. *Place of Birth, (Street and Number)* 36 S. High St.
5. *Full Name of Mother,* Bridget Naughton
6. *Mother's Maiden Name,* Bridget Kelly
7. *Mother's Birthplace,* Bal. City
8. *Full Name of Father,* Michael Naughton
9. *Father's Occupation,* Assistant to City Commissioner
10. *Father's Birthplace,* Bal. City

Name of Medical Attendant, or other Person who makes this Return John F. Monnonie M.D.

Address, S.W. Colvert & Reed St. "

Remarks,

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 4th, 1887
4. *Place of Birth (Street and Number)* 1923 Canton ave
5. *Full Name of Mother,* May Ostendroff
6. *Mother's Maiden Name,* " Lay
7. *Mother's Birthplace,* Hartford Co
8. *Full Name of Father,* George Ostendroff
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. W. J. Galeb, M.D.

Address, 111 E. Broadway

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable, other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

every month to the Office of the Commissioner of Health. In case the
of a Physician or practitioner of midwifery, or should no other person
after it shall become the duty of the person or parents of such child to
e manner and within the period above required, and any such person
provisions of this section, shall be subject to the fine of ten (10) dollars
tures are recoverable.

RETURN OF A BIRTH 96017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
20
1887
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 12th 87

4. *Place of Birth, (Street and Number)* #1411 E Balt St

5. *Full Name of Mother,* Mrs Margaret Klotz

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Edward Klotz

9. *Father's Occupation,* Gunmaker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzler

Address, # 655 S. Bond st

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 12th 87
4. *Place of Birth, (Street and Number)* 4248 S Ann St
5. *Full Name of Mother,* Mrs Philamenia Carson
6. *Mother's Maiden Name,* " " Fisher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Carson
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, 55 S. Bond St

Remarks,

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

parents, the date and place of birth, and the sex of each child born to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recoverable as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 12 of August 1887
4. *Place of Birth, (Street and Number)* a a co, Stony Creek, Md
5. *Full Name of Mother,* Amanda Shea
6. *Mother's Maiden Name,* Roberts
7. *Mother's Birthplace,* Be city Md
8. *Full Name of Father,* Ambrose W Shea
9. *Father's Occupation,* farmer
10. *Father's Birthplace,* Be city Md

Name of Medical Attendant, or other Person who makes this Return. Mr, A Davenport

Address, 225 S Anner Be city

Remarks, Mother Suffering With Dysintery

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible]ail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child 5 days old

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12th August

4. Place of Birth, (Street and Number) # 47 Hughes

5. Full Name of Mother, Caroline Brown

6. Mother's Maiden Name, Caroline Bennet

7. Mother's Birthplace, Rochester County Md

8. Full Name of Father, John Anty Brown

9. Father's Occupation, working in the coal yard

10. Father's Birthplace, Rochester County Md.

Name of Medical Attendant, or other Person who makes this Return Mary Green

Address, 616 Eutaw Street

Remarks,

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 12th 1887 344 William st
4. *Place of Birth (Street and Number),* # 344 William st
5. *Full Name of Mother,* Laura J. Tolson
6. *Mother's Maiden Name,* Laura J. Rollins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William J. Tolson
9. *Father's Occupation,* Barber Marker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss M. A. Cattrell.

Address, # 6 E Montgomery st

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female),*	Male -
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	August 12 - 1887
4. *Place of Birth (Street and Number),*	534 East Monument
5. *Full Name of Mother,*	Mrs. Abel Miller.
6. *Mother's Maiden Name,*	———
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abel Miller
9. *Father's Occupation,*	Grocer.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Alpheus Whitehead M.D.
Address,	6. S. Chester St
Remarks,	Natural Labor

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Aug - 12th 87
4. Place of Birth (Street and Number),	197 Warren av.
5. Full Name of Mother,	Mathilda Katzenstein
6. Mother's Maiden Name,	" Schwarz -
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Abraham Katzenstein
9. Father's Occupation,	Tinsmith -
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	D. Stott MD
Address,	403 N. Exeter st -
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance) upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 96024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born 13th Of August 1887
4. Place of Birth (Street and Number),	No. 2035 Frederick
5. Full Name of Mother,	Mrs. Rheinandt
6. Mother's Maiden Name,	Miss Thete Hoellbig
7. Mother's Birthplace,	Born Hessen Germany
8. Full Name of Father,	Mr Rheinandt
9. Father's Occupation,	Black smith
10. Father's Birthplace,	Born Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hilker
Address,	2127. west Pratt st
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15th Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	13th of August 1867
4. Place of Birth (Street and Number),	1808 Hamstead street
5. Full Name of Mother,	Maggie Betz.
6. Mother's Maiden Name,	Maggie Albert.
7. Mother's Birthplace,	Norfolk Virginia
8. Full Name of Father,	Henry A. Albert.
9. Father's Occupation,	Machinery.
10. Father's Birthplace,	Kegrakens County.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

HEALTH DEPARTMENT
AUG 15 1867
BALTIMORE, MD.

...in the form of a certificate between the first and third day of ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 96026

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug. 13th 1887

4. Place of Birth (Street and Number) 1404 E. Preston Street

5. Full Name of Mother Mary A. Everett

6. Mother's Maiden Name Mary A. Everett

7. Mother's Birthplace Hanford Co. Md.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. J. D. Watson

Address 1301 N. Central Ave

Remarks

RETURN OF A BIRTH 96027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Raymond Flaherty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 13th, '87
4. Place of Birth, (Street and Number) 1713 Gough St.
5. Full Name of Mother, Martha Flaherty
6. Mother's Maiden Name, Martha Gregory
7. Mother's Birthplace, Balt City
8. Full Name of Father, Patrick Flaherty
9. Father's Occupation, Painter
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Mormonius, M.D.

Address, S.W. Calvert & Lead

Remarks,

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
19
1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 13 of augt

4. *Place of Birth, (Street and Number)* Stirling Street 727

5. *Full Name of Mother* Susan jane johnson

6. *Mother's Maiden Name,* Susan jane Collins name 1st married

7. *Mother's Birthplace,* Easton Talbert Co md

8. *Full Name of Father,* percy johnson

9. *Father's Occupation,* laborer

10. *Father's Birthplace,* Somerset Co md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Sayles

Address, 1006 Stirling St Baltimore md

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 13th 1887

4. *Place of Birth, (Street and Number)* No 113 Randel st

5. *Full Name of Mother,* Maggie Butler

6. *Mother's Maiden Name,* Maggie Tagg

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Richard Butler

9. *Father's Occupation,* Blacksmith

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address, No 1517 Bond st

Remarks.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 13 of Aug 1887
4. *Place of Birth (Street and Number),* No 1018 Chase Street
5. *Full Name of Mother,* Francis Kaiser
6. *Mother's Maiden Name,* Francis Kirchner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Kaiser
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Bauer

Address, No 1059 Stanford St

Remarks, Bal Md

1887

...ore Publishing Co., City Printers and Stationers

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie Plancenia Margaret Evans

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 13th 1887
4. Place of Birth (Street and Number), 512 Mount St
5. Full Name of Mother, Margaret Evans
6. Mother's Maiden Name, ——
7. Mother's Birthplace, Balto Co
8. Full Name of Father, John Evans
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sattler MD

Address, GIVEN NAME ADDED 5-28-53 2100 Druid Hill Ave

Remarks, L.M.

each and every month to the office of the Commissioner of Health. In case the birth of any child is not reported by the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 13" 1887
4. Place of Birth (Street and Number),	No 40 Burk str
5. Full Name of Mother,	Annie Friend
6. Mother's Maiden Name,	Cook
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Friend
9. Father's Occupation,	Labora
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence so covered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* August 14th 87

4. *Place of Birth, (Street and Number)* 55 Salisbury Alley

5. *Full Name of Mother,* Elinor E Durant

6. *Mother's Maiden Name,* Elinore Wilson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob Durant

9. *Father's Occupation,* Barber. Etc

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. T. Caldwell M.D.

Address, 2 N. Broadway

Remarks, This was a seven months baby and died a few minutes after delivery.

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 96034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 14th 1887.
4. *Place of Birth (Street and Number),* Harford Ave. No 1828
5. *Full Name of Mother,* Mary Bodenbender
6. *Mother's Maiden Name,* Mary Marquard
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Conrad Bodenbender
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Schönbach. Prusia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E Muller

Address, 1 Dallas St No 114

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ce Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* No 914 Stirling Street
4. *Place of Birth (Street and Number),* No The 4 of Aug 1887
5. *Full Name of Mother,* Mary Zenkgraf
6. *Mother's Maiden Name,* Mary Weider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hilarius Zenkgraf
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1059 Hanford St

Remarks, Bal 16 9

1887

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 96036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 17 1887 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth* Sunday the 14th of Aug. 87
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Elke Hermann
6. *Mother's Maiden Name,* Elke Garonge
7. *Mother's Birthplace,* Russia (Europa)
8. *Full Name of Father,* Ellen Hermann
9. *Father's Occupation,* Sugar Maker
10. *Father's Birthplace,* Russia (Europa)

Name of Medical Attendant, or other Person who makes this Return. Beki Justman

Address, 207 S. Caroline St. City

Remarks,

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 14 — 87
4. *Place of Birth (Street and Number),* Garrett cto 53
5. *Full Name of Mother,* Helene Seifert
6. *Mother's Maiden Name,* Erlett
7. *Mother's Birthplace,* Lomsdorf. Ober-Schlesien - Deutschland
8. *Full Name of Father,* Franz Seifert
9. *Father's Occupation,* Arbeiter
10. *Father's Birthplace,* Falkenberg. Ober-Schlesien - Deutschland

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, Garrett cto. 86 Locust Point

Remarks,

shall be delivered, duly signed by the practitioner in the ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

96038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, ~~Patterson Pk. Ave.~~ Aug 14 1887
4. Place of Birth, (Street and Number) 673 Patterson Pk Ave.
5. Full Name of Mother, Emma Riley
6. Mother's Maiden Name, Emma Bell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm Riley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, ~~or other Person who makes this Return~~ P. V. Hoffman Md

Address, 1812 E Baltimore St.

Remarks, —

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 96039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH
AUG 17
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth August 14, 1887.
4. Place of Birth, (Street and Number) No. 1421 Virginia street.
5. Full Name of Mother, Rosa Price.
6. Mother's Maiden Name, Rosa Wicks.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Price.
9. Father's Occupation, Huckster.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Chas. R. Elwell, M.D

Address, 1741 Hanford ave.

Remarks, Child well developed but still born from difficult delivery

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 14 '87
4. *Place of Birth, (Street and Number)* 16 S. Carrollton Ave
5. *Full Name of Mother,* Kate C. Trueloove
6. *Mother's Maiden Name,* " " Simcoe
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Trueloove
9. *Father's Occupation,* Keeper of Laundry
10. *Father's Birthplace,* Patterson N. J.

Name of Medical Attendant, or other Person who makes this Return. H. C. Speed Md

Address, 85 S. W. Lombard St

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereby fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 12th/87
4. Place of Birth, (Street and Number)	889 W. Lombard St.
5. Full Name of Mother,	Annie Burns
6. Mother's Maiden Name,	" Murphy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Edward Burns
9. Father's Occupation,	Cake-Baker
10. Father's Birthplace,	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie MD 600 N Howard St
Address,	
Remarks,	

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall fail to comply with the provisions of this section, shall be required to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 13/87
4. Place of Birth, (Street and Number)	1318 Lafayette Ave
5. Full Name of Mother,	Mattie Lee
6. Mother's Maiden Name,	" Sharp
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	C. Harold Lee
9. Father's Occupation,	Salesman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard
Remarks,	

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner and or persons who shall neglect or fail to comply with the provisions of for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* August 14th 1887.
4. *Place of Birth, (Street and Number)* 1722 Mulliken St
5. *Full Name of Mother,* Mary E. Watts
6. *Mother's Maiden Name,* . . Innes
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Alfred A. Watts
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M. D.

Address, 439 N. Central Ave.

Remarks,

BALTIMORE MD
MAR 14 1887
HEALTH DEPARTMENT

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96044.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 15 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. *Sex (state whether male or female),* Boy.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 14th of August 1887.
4. *Place of Birth (Street and Number),* 602 Patterson Park Ave.
5. *Full Name of Mother,* Maggie Weigand
6. *Mother's Maiden Name,* Maggie Langhard.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andreas Langhard.
9. *Father's Occupation,* Cutter.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel street per Justina Kunkel

Remarks, Healthy.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 15, 1887,
4. Place of Birth, (Street and Number) 674 Chestnut Alley
5. Full Name of Mother, Rose Hall,
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert Co.
8. Full Name of Father, Alex Hall
9. Father's Occupation, Hod Carrier
10. Father's Birthplace, Kent Co.

Name of Medical Attendant, or other Person who makes this Return. J. V. Harrow Jr. M.D.

Address, 939 W Fayette St.

Remarks,

...ARTH DEPARTMENT
... 1887
BALTIMORE, MD.

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here... fail to comply with the provisions of this section, shall be sub... to the fine of ten (10) dollars for each offence to be rec...d as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
20
1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Aug 8th 1887
4. *Place of Birth (Street and Number),* 18 Bruce St
5. *Full Name of Mother,* Louisa Jones
6. *Mother's Maiden Name,* Louisa Johnson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wesley Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Moreland

Address,

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* August 9/87

4. *Place of Birth (Street and Number),* 17 Hanover

5. *Full Name of Mother,* Alberta Schofield

6. *Mother's Maiden Name,* Alberta Schofield

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Don't Know

9. *Father's Occupation,* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return. ~~Dr~~ Jane Howland

Address,

Remarks,

the Attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White
3. Date of Birth,	15th of August 1887
4. Place of Birth (Street and Number),	22 North Durham street
5. Full Name of Mother,	Lizzie Hand
6. Mother's Maiden Name,	Lizzie Forester
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Forester
9. Father's Occupation,	Boorman
10. Father's Birthplace,	Baltimore County
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 15th 1887

4. *Place of Birth, (Street and Number)* Baltimore Gilmor St. 508

5. *Full Name of Mother,* Mrs Mary Sullivan

6. *Mother's Maiden Name,* Mary Donnelly

7. *Mother's Birthplace,* Ennis Co. Clare Ireland

8. *Full Name of Father,* J S Sullivan

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Ennis Co Clare Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Kraning, midwife

Address, 414 South Stricker St Balto Md

Remarks, Mother and Child are doing well

Be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner or persons who shall hereafter fail to comply with the provisions for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Joseph Geiwitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 15 1887
4. *Place of Birth, (Street and Number)* 708 Howard
5. *Full Name of Mother,* Anna Geiwitz
6. *Mother's Maiden Name,* — Grimath
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Hantz Geiwitz
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return. John U. Pickel M.D.

Address, No. 1312 Chew A.

Remarks, CIVER NAME ADDED. 9-30-53

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17
BALTIMORE MD.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) first

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth* August 15 1887
4. *Place of Birth*, (*Street and Number*) 21 Sanitarium alley
5. *Full Name of Mother*, Rebecca Brooks
6. *Mother's Maiden Name*, Rebecca Lunceford
7. *Mother's Birthplace*, Kent County maryland
8. *Full Name of Father*, James Brooks
9. *Father's Occupation*, Porter
10. *Father's Birthplace*, Rockville M D

Name of Medical Attendant, or other Person who makes this Return. Mary E Jones

Address,

Remarks,

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
19
1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 15th 1887
4. *Place of Birth, (Street and Number)* No 1633 Clarkson
5. *Full Name of Mother,* Christina Spengle
6. *Mother's Maiden Name,* Christina Funck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Theophilus Spengle
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517 Byrd st

Remarks,

be in attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A. Co., City Printers and Stationers

RETURN OF A BIRTH 96058

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1887
BALTIMORE MD.

[redacted] *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 15th 1887.
4. *Place of Birth, (Street and Number)*	534 N. Eden St.
5. *Full Name of Mother,*	Frances Elizabeth
6. *Mother's Maiden Name,*	Staylor
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Wm. F. Maccubbin
9. *Father's Occupation,*	Grainer
10. [redacted]*ther's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	H. T. Reynolds
Address,	722 Aisquith St.
Remarks,	

PLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 96054

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	August 16
4. *Place of Birth (Street and Number)*	816 Loudenhall St
5. *Full Name of Mother*	Sarah Burke
6. *Mother's Maiden Name*	" " Parran
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	David Burke
9. *Father's Occupation*	Seaman
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	Francis Gramby
Address	936 Leadenhall
Remarks	Springfield " "

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* August the 16th
4. *Place of Birth (Street and Number),* Baltimore weber 1028 18
5. *Full Name of Mother,* Cecalea Miller
6. *Mother's Maiden Name,* Declare
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Miller
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* New york

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light st No 1514

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16th 1887
4. *Place of Birth, (Street and Number)* No 706 Charles st
5. *Full Name of Mother,* Allice Smith
6. *Mother's Maiden Name,* Allice Toresczyth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harman Smith
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 45 Abys Street

Remarks,

...of the parents, and the maiden name of the mother of such child or children.

...ITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 16 . of Ogust-

4. *Place of Birth, (Street and Number)* Wellcom alley 106

5. *Full Name of Mother,* Lee . Parket

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore M. d.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, N 229 . York stree-

Remarks,

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 9658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	15.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	16th August 1887
4. Place of Birth (Street and Number)	424. W. Hamburg St
5. Full Name of Mother	Mrs Elizabeth Jackson
6. Mother's Maiden Name	" Elizabeth Ross
7. Mother's Birthplace	Dorchester Md.
8. Full Name of Father	George Jackson
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Md.
Name of Medical Attendant, or other Person who makes this Return.	L. D. Dyer M.D.
Address	224. N. Hill St
Remarks	Natural Labor. with Vitality In both Mother and child

RETURN OF A BIRTH, 96059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 16, 1887.
4. *Place of Birth, (Street and Number)* Inv. 1532 Aisquith street.
5. *Full Name of Mother,* Martha Brown.
6. *Mother's Maiden Name,* Martha Martin.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Timothy Brown.
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Aug. C. Elewell M.D.

Address, 1241 Harford ave.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 96060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Colored male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* born august 27 1887
4. *Place of Birth, (Street and Number)* 1512 Booth street
5. *Full Name of Mother,* Lucy Brown
6. *Mother's Maiden Name,* Lucy watts
7. *Mother's Birthplace,* St mary county M D
8. *Full Name of Father,* Steven Brown
9. *Father's Occupation,* stevedore on wharf
10. *Father's Birthplace,* St mary County M D

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

HEALTH DEPARTMENT, AUG 17 BALTIMORE MD.

birth of any child shall occur without the attendance of a Physician or practitioner of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 96061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 18[illegible] BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth* born august 17 1887
4. *Place of Birth, (Street and Number)* 1403 Cairo street
5. *Full Name of Mother,* Mary E Wallace
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Brooklyn
8. *Full Name of Father,* Henry Wallace
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary C Jones

Address,

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (20) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 9606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
17
1887
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	August 17th 1887
4. *Place of Birth (Street and Number)*	Col Mary & Spring st
5. *Full Name of Mother*	Annie Dickson
6. *Mother's Maiden Name*	Annie Denby
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Anthony Dickson
9. *Father's Occupation*	Brickmaker
10. *Father's Birthplace*	Crisfield Md
Name of Medical Attendant, or other Person who makes this Return.	Catharine DeCourcy
Address	304 Lewis St
Remarks	Child born in a healthy condition

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 17th 87

4. *Place of Birth, (Street and Number)* # 621 S. Wolfe st

5. *Full Name of Mother,* Mrs. Christina Schlesinger

6. *Mother's Maiden Name,* Eddling

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Schlesinger

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address, # 55 S. Bond st

Remarks,

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	11th of August 1887
4. Place of Birth (Street and Number),	119 North Caroll street
5. Full Name of Mother,	Emma Alwick
6. Mother's Maiden Name,	Emma David
7. Mother's Birthplace,	Penslvania
8. Full Name of Father,	Elwd. A. David
9. Father's Occupation,	Cigar maker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Health.

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE MD.

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 19th 1887

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Balto Aug 17, 1887
4. *Place of Birth (Street and Number),* 12 Chapple St.
5. *Full Name of Mother,* Lizzie Hieratletter
6. *Mother's Maiden Name,* Lizzie Regges
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Lorenz Hieratletter
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Jno Mary Amend

Address, 410 South Wolfe St

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 17th 1887

4. *Place of Birth, (Street and Number)* No 74 Johnson st

5. *Full Name of Mother,* Mary E. Fealey

6. *Mother's Maiden Name,* Mary E Burns

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Fealey

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cathrine Hennessy

Address, No 1517 Byrd st

Remarks,

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 96067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	August 17. 87
4. *Place of Birth, (Street and Number)*	740 Hamburg St
5. *Full Name of Mother*	Mary Kirwan
6. *Mother's Maiden Name*	" Hanley
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Arthur F. Kirwan
9. *Father's Occupation*	Moulder
10. *Father's Birthplace*	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Alswatt Mo
Address	815 W. Lombard St
Remarks	

RETURN OF A BIRTH 96068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* August 17th/887 - 10 A.M.
4. *Place of Birth, (Street and Number)* 363 N Calvert St
5. *Full Name of Mother,* Elizabeth Rosch
6. *Mother's Maiden Name,* " Koch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Rosch
9. *Father's Occupation,* Bakery
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Frego Shertzer MD

Address, 1102 E Baltimore St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 18th. 87.
4. *Place of Birth, (Street and Number)* New # 1819 Ramsay St.
5. *Full Name of Mother,* Levinia Thompson.
6. *Mother's Maiden Name,* Levinia Day.
7. *Mother's Birthplace,* Ellicotts city. Md.
8. *Full Name of Father,* Richard N. Thompson.
9. *Father's Occupation,* Blacksmith.
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohler M.D.

Address, N. E. cor. Carrollton Ave & Fayette St

Remarks, ——

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,*
4. *Place of Birth (Street and Number),* 1033 Lexington St.
5. *Full Name of Mother,* Mrs. Anna Meyer
6. *Mother's Maiden Name,* Goehlert
7. *Mother's Birthplace,* Saxon Germany
8. *Full Name of Father,* Herman Meyer
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Saxon Germany

Name of Medical Attendant, or other person who makes this Return. T. C. Worthington M.D.

Address, #840 W. Fayette St.

Remarks,

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 9-9-5-5

RETURN OF A BIRTH 96071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Frances Anna Rudel First child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 18, 1887

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Mary Rudel

6. Mother's Maiden Name, Bihr

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Bernhardt Rudel

9. Father's Occupation, Candy maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, W. J. Gatly M.D.

Address, 111 S. Broadway

Remarks,

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 16 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 18. 1887.
4. *Place of Birth, (Street and Number)* 57. E. Montgomery St.
5. *Full Name of Mother,* Ida Smith.
6. *Mother's Maiden Name,* Fleig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley Smith.
9. *Father's Occupation,* Bar Keeper.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough

Address, 15. E. Montgomery St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 19 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), white
3. Date of Birth, August 19 – 87
4. Place of Birth (Street and Number), Cookse St 1305
5. Full Name of Mother, Elisabeth Thames
6. Mother's Maiden Name, Dengel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Thames
9. Father's Occupation, Geschäftsmann
10. Father's Birthplace, Vorfolt – Virginien

Name of Medical Attendant, or other person who makes this Return. Johanne Jonske

Address, Garrett Ave. 86

Remarks, Locust Point

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96074.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 17th 87

4. *Place of Birth, (Street and Number)* # 902 N. Chester

5. *Full Name of Mother,* Mrs Lizzie Braylin

6. *Mother's Maiden Name,* Meacher

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ernst Brayler

9. *Father's Occupation,* Cabinet Maker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Goetzke

Address, # 653 S. Bond St

Remarks,

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE

of a Physician or practitioner of midwifery, or should no other person
after it shall become the duty of the person or parents of such child to
be in attendance upon the mother, immediately thereafter
report its birth to the Commissioner of Health, in the ma
provisions of this section, shall be subjected to the fine of ten (10) dollars
or persons who shall hereafter fail to comply with the prov
for each offense to be recov as other fines and forfeitur
eitures are recoverable.
births of any child shall occur without the attendance of a

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 18 1887

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 2

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto Aug 19. 1887.
4. *Place of Birth (Street and Number),* 618 South Ann St.
5. *Full Name of Mother,* Lizetta Schweiger
6. *Mother's Maiden Name,* Lizetta Brown.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Martin Schweiger.
9. *Father's Occupation,* Stevedore.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Arnold.

Address, 410 South Wolfe St.

Remarks,

...ry, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 19/87
4. Place of Birth, (Street and Number)	1205 Argyle ave
5. Full Name of Mother,	Agnes Stevens
6. Mother's Maiden Name,	" Johnson
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robt. L. Stevens.
9. Father's Occupation,	Paper Bag Manufacturer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

HEALTH DEPARTMENT AUG 20 1887 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 11 Dot

1. *Sex*, (~~*state whether male or*~~ *female*)
2. *Race or Color*, (*if ~~not of the~~ white ~~race~~*)
3. *Date of Birth*, August 19th 6 A.M.
4. *Place of Birth*, (*Street and Number*) Old 5-2 ½ Eutaw St
5. *Full Name of Mother*, Ellen N. Ebenhack = Aged 32
6. *Mother's Maiden Name*, " " Hoffman
7. *Mother's Birthplace*, Pa
8. *Full Name of Father*, Charles Ebenhack
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other Person who makes this Return. A Krejo Shertzer M.D.

Address, 1102 E Balto St

Remarks,

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96078

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 16 August ~~23~~ 1887

4. Place of Birth (Street and Number) old number 311 Linden Ave

5. Full Name of Mother Eliza Hooper

6. Mother's Maiden Name Eliza Stevenson

7. Mother's Birthplace Baltimore City

8. Full Name of Father J. R. Hooper

9. Father's Occupation Stone Cutting

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. R. Ukler M. D.

Address 661 W. Fayette St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, a
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
REGISTERED
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 96079

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Aug 1st

4. Place of Birth, (Street and Number) 221 N. Fremont St. Baltimore

5. Full Name of Mother, Alvina Lenz

6. Mother's Maiden Name, Alvina Vogel

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm. Albert Lenz

9. Father's Occupation, Telegraph Operator

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannie Graf

Address, 1029 Saratoga St.

Remarks,

be in attendance upon the mother, immediately thereafter report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* Friday August the 5th 1887
4. *Place of Birth, (Street and Number)* Mountgenor St No 64 Old 96
5. *Full Name of Mother,* Miss Elece Pitts
6. *Mother's Maiden Name,* Elece Blindon
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles F Pitts
9. *Father's Occupation,* Stove Moulder
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mr Norggrit Gray

Address, 116 York St Between Sharp & Hanover

Remarks,

LEGAL DEPARTMENT, 22 1887 BALTIMORE, MD.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 7

4. *Place of Birth, (Street and Number)* 236 N Bethel St

5. *Full Name of Mother,* Mary Ellen Lawson

6. *Mother's Maiden Name,* Mary Ellen Lawson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Peter Persson

9. *Father's Occupation,* Mason

10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 1027 Saratoga St

Remarks,

HEALTH DEPARTMENT
AUG 22 1887
BALTIMORE MD

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 12 1897
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 8th
4. *Place of Birth, (Street and Number)* 621 W Baltimore Baltimore Md
5. *Full Name of Mother,* Ida Seobell
6. *Mother's Maiden Name,* Ida Brashears
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John. C. Seobell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Minnie Graf

Address, 1029 Saratoga St

Remarks,

be in attendance upon the mother, immediately thereafter report its birth to the Commissioner of Health, in the m or persons who shall hereafter fail to comply with the pro for each offence to be recovered as other fines and forfeitu

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 22 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
   Theodosia Viola A.D.D. 8/24/20
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 10 D 1887
4. *Place of Birth (Street and Number),* 2044 Fountain St
5. *Full Name of Mother,* Eliza R Hudson
6. *Mother's Maiden Name,* " " Gavell
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Edward F Hudson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Mary A X Dorman

Address, 2119 Canton Ave

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 22 1887
BALTIMORE, MD

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th
4. Place of Birth, (Street and Number) Baltimore City, No. 2112 Bank St
5. Full Name of Mother, Mary J. Karow
6. Mother's Maiden Name, " " Brian
7. Mother's Birthplace, Smyrna, Delaware
8. Full Name of Father, Albert R. Karow
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary A. Dorman

Address. 2119 Canton Ave.

Remarks.

[illegible] name of the mother of such child or children."

[illegible]ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10/8/ Wednesday
4. *Place of Birth, (Street and Number)* Balto. Saratoga St. 1010
5. *Full Name of Mother,* Cecilia Gastner
6. *Mother's Maiden Name,* " Steise
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John B. Gastner
9. *Father's Occupation,* Lee Malser
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 1029 Saratoga St

Remarks,

HEALTH DEPARTMENT
[illegible] 22 1887
BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 21 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 11 Aug 1887
4. *Place of Birth (Street and Number),* 1120 Ridgley st
5. *Full Name of Mother,* Gertrude B Earling
6. *Mother's Maiden Name,* Gertrude B Ridgway
7. *Mother's Birthplace,* Harrest Grove N J
8. *Full Name of Father,* Geo L Earling
9. *Father's Occupation,* W Glass Blower
10. *Father's Birthplace,* Jackson N J

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, 1139 Ridgley st

Remarks,

...the accoutrance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 1897
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First to Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August the 11th
4. Place of Birth, (Street and Number)	No. 226 Amety. S. E.
5. Full Name of Mother,	Mary C.E. Groener
6. Mother's Maiden Name,	Mary C.E. Widman
7. Mother's Birthplace,	Baltimore M.D.
8. Full Name of Father,	John H. Groener
9. Father's Occupation,	Whips. Maker.
10. Father's Birthplace,	Baltimore, M.D.
Name of Medical Attendant, or other Person who makes this Return.	Miss Minnie Graf
Address,	1029 Saratoga St
Remarks,	

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

76088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 12 th
4. *Place of Birth (Street and Number),* 1847 Spring Pl.
5. *Full Name of Mother,* Minnie Bancker
6. *Mother's Maiden Name,* Minnie Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob James Bancker
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Florentine Gutheil

Address, 1504 Eighth St.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 13th
4. *Place of Birth (Street and Number),* 1742 E. Chew St
5. *Full Name of Mother,* Edith E. Schneider
6. *Mother's Maiden Name,* Edith E. Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John R. Schneider
9. *Father's Occupation,* tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Price

Address, 1611 E. Monument St.

Remarks,

BOARD OF HEALTH DEPARTMENT
22 1887
BALTIMORE, MD.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex (state whether male or female),
2. Race or Color (if not of the white race), White.
3. Date of Birth, Aug 14th. 188[illegible].
4. Place of Birth (Street and Number), 1905 S H Ave. Balto.
5. Full Name of Mother, Mary Dove.
6. Mother's Maiden Name, Mary Dove.
7. Mother's Birthplace, North Carolina.
8. Full Name of Father, John Wolfe.
9. Father's Occupation, Rail road [illegible]
10. Father's Birthplace, North Carolina.

Name of Medical Attendant, or other person who makes this Return. Alan P. Smith, M.D.

Address, 24 W Franklin St.

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JAN 22 1897
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* 1st Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 18th
4. *Place of Birth, (Street and Number)* 1112 Newman's Court
5. *Full Name of Mother,* Bertha Clott
6. *Mother's Maiden Name,* Bertha Schaffer
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* John Clott
9. *Father's Occupation,* Brass Molder
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Minnie Graf

Address, 1229 Saratoga St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -

1. *Sex, (state whether male or female)* male -
2. *Race or Color, (if not of the white race)* white -
3. *Date of Birth,* Aug - 16/87 -
4. *Place of Birth, (Street and Number)* 1402 N. Fulton av -
5. *Full Name of Mother,* Alverta V. Clark.
6. *Mother's Maiden Name,* Miller -
7. *Mother's Birthplace,* Balto. City -
8. *Full Name of Father,* George B. Clark -
9. *Father's Occupation,* Engineer -
10. *Father's Birthplace,* Balto. City -

Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith

Address, "

Remarks, Harlem av. & Calhoun St -

HEALTH DEPARTMENT, 22 1887 BALTIMORE, MD.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 17th
4. *Place of Birth (Street and Number),* 322 So Paca St
5. *Full Name of Mother,* Anna Jacobs
6. *Mother's Maiden Name,* Anna Bert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Jacobs
9. *Father's Occupation,* Milkman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hellgonda Slifer

Remarks, 529 Columbia Ave

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
22 1887
BALTIMORE, MD.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 21 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 17th
4. *Place of Birth, (Street and Number)* 62. S. popleton st
5. *Full Name of Mother,* Cornelia King
6. *Mother's Maiden Name,* Cornelia Hunter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John King
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Hamilton

Address, 23 North Poppleton St

Remarks, Lived 3 days died in spasms

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hy & Co. City Printers and Stationers.

RETURN OF A BIRTH. 96095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 18 1887.
4. *Place of Birth, (Street and Number)* 10 Conway St.
5. *Full Name of Mother,* Mary Kelly.
6. *Mother's Maiden Name,* Bergin
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Wm. Kelly
9. *Father's Occupation,* Labrer.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Scarborough.

Address, 15 E. Montgomery St.

Remarks,

HEALTH DEPARTMENT, AUG 22 1887 BALTIMORE, MD.

Certificate between the first and third day of each and every [illegible] birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 17th
4. Place of Birth (Street and Number), 921 Saratoga st
5. Full Name of Mother, A. C. Werner
6. Mother's Maiden Name, A. C. Rellikey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, S. C. Werner
9. Father's Occupation, Broom Maker
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Hellegonda Slifer

Address, 529 Columbia Ave

Remarks,

HEALTH DEPARTMENT 22 1887 BALTIMORE, MD.

...e Publishing Co., City Printers and Stationers

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject... the fine of ten (10) dollars for each offence, to be ...ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Elizabeth Gunter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex (state whether male or female), Girl.
2. Race or Color (if not of the white race), White.
3. Date of Birth, 19th of August 1887.
4. Place of Birth (Street and Number), 729 North Cassel street.
5. Full Name of Mother, Mary Boss.
6. Mother's Maiden Name, Mary Günter
7. Mother's Birthplace, Germany.
8. Full Name of Father, Lorence Günter
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy. GIVEN NAME ADDED. 6-26-52

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 22 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 20th of August. 1887.
4. *Place of Birth (Street and Number),* 2217 East Fayette. street.
5. *Full Name of Mother,* Martha Jones.
6. *Mother's Maiden Name,* Martha Davis.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry A. Davis.
9. *Father's Occupation,* Can-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, & Healthy.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) The 1 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 20 of Aug 1887
4. *Place of Birth (Street and Number),* No 1302 Wrath St
5. *Full Name of Mother,* Mary Graeghty
6. *Mother's Maiden Name,* Mary Reilly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Graeghty
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Lauer

Address, No 1059 Sanford Ave

Remarks, Bal Abd

1889

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96100.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 10th Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 21 of Aug 1887
4. Place of Birth (Street and Number),	No 1132 Greenmount Ave
5. Full Name of Mother,	Fannie Myers
6. Mother's Maiden Name,	Fannie Eaders
7. Mother's Birthplace,	Fredrick County
8. Full Name of Father,	Samuel Myers
9. Father's Occupation,	Police
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch. Lauer
Address,	No 1059 Hayward Ave
Remarks,	Bal Md
	1887

...ore Publishing Co., City Printers and Stationers

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

96101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 te

1. Sex, (state whether male or female) Bube
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 17 ter August 1887
4. Place of Birth, (Street and Number) Leitstriet No 1118
5. Full Name of Mother, Kattarieza Burij
6. Mother's Maiden Name, Baser
7. Mother's Birthplace, Germanien
8. Full Name of Father, Johann Burij
9. Father's Occupation, Work Mann
10. Father's Birthplace, Baltiemor

Name of Medical Attendant, or other Person who makes this Return.

Address, Hiet Striet No 60 Karoline Schwarz

Remarks,

HEALTH DEPARTMENT AUG 23 1887 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 21/87
4. *Place of Birth, (Street and Number)* # 812 S. Arlington ave
5. *Full Name of Mother,* Mary A. Martin
6. *Mother's Maiden Name,* " " Lafferty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Philip ~~Phil~~ Martin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. A. L. Speicher

Address, 855 W. Lombard St

Remarks,

HEALTH DEPARTMENT, AUG 23 1887 BALTIMORE, MD.

Certificate between the first and third day of each and every month by the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

CITIZEN NAME ADDED 2-8-55

RETURN OF A BIRTH

96103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Ann Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16th 1887
4. Place of Birth, (Street and Number) 1413 W Pratt St
5. Full Name of Mother, Marion Hawkins
6. Mother's Maiden Name, Marion Floyd
7. Mother's Birthplace, Boe Co Md
8. Full Name of Father, Joseph Hawkins
9. Father's Occupation, Laborer
10. Father's Birthplace, Annie Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. J. Shimer Mrs

Address, 203 N. Cary St

Remarks,

HEALTH DEPARTMENT AUG 29 1887 BALTIMORE MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 18th 10 20 P. M. 1887
4. *Place of Birth, (Street and Number)* 1111 Granby St
5. *Full Name of Mother,* Ellen Eliz. Quinn
6. *Mother's Maiden Name,* E. E. Gorman
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Jos. Edward Quinn
9. *Father's Occupation,* Driver of Garbage Cart
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Dwinelle M D

Address, 1701 E Baltimore St

Remarks,

HEALTH DEPARTMENT, 23 1887 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7 Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* The 21 of Aug 1887
4. *Place of Birth (Street and Number),* No 1002 French St
5. *Full Name of Mother,* Elisabeth Schrufer
6. *Mother's Maiden Name,* Elisabeth Herbert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schrufer
9. *Father's Occupation,* Schoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1059 Hartford Ave

Remarks, Bal Med

1887

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 96106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth* 18 of agust
4. *Place of Birth, (Street and Number)* No. 118. Welcome alley
5. *Full Name of Mother,* Estelle Stewart
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unnoning
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Emley, Used

Address, Tuxy. No. 123. Welcome alley

Remarks, Know remarks

HEALTH DEPARTMENT, AUG 23 1887 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] as other fines and forfeitures are recoverable.

Murphy & Co. City Printers and Stationers

RETURN OF A BIRTH. 96107.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sarah Elizabeth Teats

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth* 1887 August 18. 1887

4. *Place of Birth, (Street and Number)* 122 Welcome alley

5. *Full Name of Mother,* Sophia Teats

6. *Mother's Maiden Name,* Sophia Hawkins

7. *Mother's Birthplace,* Balto. md.

8. *Full Name of Father,* Lewis Teats

9. *Father's Occupation,* Araya

10. *Father's Birthplace,* Sousanna

Name of Medical Attendant, or other Person who makes this Return.

GIVEN NAME ADDED 8-8-52

Address,

Remarks,

HEALTH DEPARTMENT RECEIVED DEC 23 1887 BALTIMORE MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereof fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 3 1887
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord race
3. *Date of Birth,* 17th of August 1887
4. *Place of Birth, (Street and Number)* Baltimore Eutaw St 8840
5. *Full Name of Mother,* Duntiny Bredet
6. *Mother's Maiden Name,* Duntiny Chaplin
7. *Mother's Birthplace,* Machburg Va
8. *Full Name of Father,* John Albert Bredet
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 68 Wilder

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH, 96109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 22 1887
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* August 21 1887
4. *Place of Birth, (Street and Number)* 419 E Fayette St
5. *Full Name of Mother* Emma Dickel
6. *Mother's Maiden Name* Emma Heinecken
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ed. Dickel (acc'd)
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A Fechtig

Address 419 W Saratoga St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

#

Missing 96110

RETURN OF A BIRTH 96111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 20 1887
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 21/87
4. Place of Birth, (Street and Number)	1028 Edmundson Ave
5. Full Name of Mother,	Mary L. Michael
6. Mother's Maiden Name,	" " Eagle
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William G Michael
9. Father's Occupation,	Grain Merchant
10. Father's Birthplace,	Hanford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

...ry month to the Office of the Commissioner of Health. In case the ... Physician or practitioner of midwifery, or should no other person ... it shall become the duty of the person or parents of such child, to ... manner and within the period above required, and any such person ... sions of this section, shall be ... ed to the fine of ten (10) dollars ... ures are recoverable.

...phy & Co., City Printers and Stationers.

GIVEN NAME ADDED 2-19-57

RETURN OF A BIRTH

96112.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Anna Loeffler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, July 28th 1887.
4. Place of Birth (Street and Number), S. Dallas St No. 37
5. Full Name of Mother, Mary Löeffler
6. Mother's Maiden Name, Mary Ahrens
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Löeffler
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No. 114

Remarks,

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...imore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether ~~male or~~ female),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 29th 1887
4. *Place of Birth (Street and Number),* S. Broadway No 219
5. *Full Name of Mother,* Johanna Siels
6. *Mother's Maiden Name,* Johanna Roth
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Henry Siels
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

HEALTH DEPARTMENT AUG 10 1887 BALTIMORE.

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~1st~~ 2nd
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 15th 1887
4. Place of Birth, (Street and Number)	1006 Clifton Place
5. Full Name of Mother,	Leanie Bixby
6. Mother's Maiden Name,	Leanie Eckley
7. Mother's Birthplace,	Dauphin Pa.
8. Full Name of Father,	Fayette Bixby
9. Father's Occupation,	Employees of N. C. R. R. Co.
10. Father's Birthplace,	Rochester N.Y.
Name of Medical Attendant, or other Person who makes this Return.	Holmes Boston MD.
Address,	Chas St & Fremont Place
Remarks,	

Guthrie & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 18 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday July 22nd. 1887
4. Place of Birth, (Street and Number)	821 Aisquith St.
5. Full Name of Mother,	Susan B. Bright
6. Mother's Maiden Name,	Susan B. Reynolds
7. Mother's Birthplace,	Balto, Md
8. Full Name of Father,	John W. Bright
9. Father's Occupation,	Cracker Baker
10. Father's Birthplace,	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D
Address,	Chas. St. & Fremont Place
Remarks,	

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) John Henry Nolker ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Sunday July 31st~~ Monday August 1st 1887 1887
4. Place of Birth, (Street and Number) 60 Harford ave
5. Full Name of Mother, Elizabeth Noelker
6. Mother's Maiden Name, Elizabeth Kramer
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Henry Noelker (Noelka)
9. Father's Occupation, Carpenter
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M D

Address, Chase St & Fremont Place

Remarks, (See Affadavit over) Elizabeth Nolker Mother

(G.H.G. 12-20-1934) (Order of Mr H A Moore)

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9617.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 15 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Thursday July 28th. 1887

4. *Place of Birth, (Street and Number)* 216 N. Eden St (Old No)

5. *Full Name of Mother,* Helen B Wittmer

6. *Mother's Maiden Name,* Helen B. Hubner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Phillip C Wittmer

9. *Father's Occupation,* Shoe Manufacturer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, Wittmer Brinton MD

Address, Chas St & Fremont Place

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or agents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

96118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Rebecca Dehuff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Saturday~~ July 11th Wednesday 1888

4. Place of Birth, (Street and Number) 707 E. Chase St.

5. Full Name of Mother, Angelina F. ~~(Dehuff)~~ DeHuff

6. Mother's Maiden Name, Angelina Faust

7. Mother's Birthplace, Glenrock Pa

8. Full Name of Father, Daniel B. ~~(Dehuff)~~ Dehuff

9. Father's Occupation, N. C. Rail Road Employee

10. Father's Birthplace, Glenrock Pa

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton BRINTON M.D.

Address, 707 E. Chase St. & Fremont Place

Remarks,

HEALTH DEPARTMENT AUG 18 1931 BALTIMORE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1887 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday July 19th, 1887
4. *Place of Birth, (Street and Number)* 1639 Aisquith St.
5. *Full Name of Mother,* Bertha Lauphheimer
6. *Mother's Maiden Name,* Bertha Friedman
7. *Mother's Birthplace,* Rhynbeck N.Y.
8. *Full Name of Father,* Robert Lauphheimer
9. *Father's Occupation,* Furniture Dealer,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St & Fremont Place

Remarks,

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96120.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 17 1887
BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex*, (state whether male or female) Female.
2. *Race or Color*, (if not of the white race) White.
3. *Date of Birth* July 31, 1887.
4. *Place of Birth*, (Street and Number) Harford road, (county)
5. *Full Name of Mother*, Mary Whitfield.
6. *Mother's Maiden Name*, Mary Trendell.
7. *Mother's Birthplace*, Maryland.
8. *Full Name of Father*, Jacob Whitfield.
9. *Father's Occupation*, Potter.
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell, M.D.

Address, 1741 Harford ave.

Remarks.....

certificate between the first and third day of each and every month to the Clerk of the Commissioners of Health. In the case of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, with other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96121.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 17 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth July 24, 1887.
4. Place of Birth, (Street and Number) Gorsuch ave. Homestead.
5. Full Name of Mother, Frances Bayley.
6. Mother's Maiden Name, Frances Ness.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Charles Bayley
9. Father's Occupation, Driver.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. Aug. A. Clewell M.D.

Address, 1741 Harford ave

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health, ... birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter ... to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable. ... other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 11th 1887
4. *Place of Birth (Street and Number),* 925. N. Eden St
5. *Full Name of Mother,* Mary Schwartz
6. *Mother's Maiden Name,* Dauenhauer
7. *Mother's Birthplace,* Memphis Tenn
8. *Full Name of Father,* Wm Schwartz
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, J W Lloyd Conerdea

Address, Cayer & Caroline Streets

Remarks,

...ch and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, July 26th 1887

4. Place of Birth (Street and Number), 1634 Blair Ave

5. Full Name of Mother, Metha Bauer

6. Mother's Maiden Name, Martins

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Bauer

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Sw Sloneville

Address, Cayer Caroline Street

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible]ply with the provisions of this section shall be subjected [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 4th 1887
4. Place of Birth (Street and Number),	912 N Dallas St
5. Full Name of Mother,	Catherine Siebert
6. Mother's Maiden Name,	Rupperh
7. Mother's Birthplace,	Balto city
8. Full Name of Father,	Wm. J. Siebert
9. Father's Occupation,	Clothing Cutter
10. Father's Birthplace,	Balto city
Name of Medical Attendant, or other person who makes this Return.	S. W. Soloner M.D.
Address,	Cayer & Caroline & Streets
Remarks,	

...terred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible]ch person or persons who shall hereafter fail to [illegible]y with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, August 15th 1887

4. Place of Birth (Street and Number), 1308. E. Eager St

5. Full Name of Mother, Catherine Egenhoefer

6. Mother's Maiden Name, Wallein

7. Mother's Birthplace, Germany

8. Full Name of Father, Lorenz Egenhoefer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. F. W. Sellner M.D.

Address, Eager Caroline & Streets

Remarks,

...ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible] with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 4th 1887
4. *Place of Birth (Street and Number),* 1232 E. Eager Str
5. *Full Name of Mother,* Magdalena Klein
6. *Mother's Maiden Name,* Ries
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicholas Klein
9. *Father's Occupation,* Street Paver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, Eager & Caroline Streets

Remarks,

...ferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible]y with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...altimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96127.

5-31-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clare Augusta

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, August 6th 1887
4. Place of Birth (Street and Number), S. W. Cor Hillen & Forrest Street
5. Full Name of Mother, Annie Lürman
6. Mother's Maiden Name, Brunnecke
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles A. Lürman
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Schoerel M.D.

Address, Cayer & Caroline Street

Remarks,

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health [illegible] the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to [illegible] with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recov[illegible] as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, August 13th 1887

4. Place of Birth (Street and Number), 3 N. Frederick Str

5. Full Name of Mother, Wilhelmina Borcherding

6. Mother's Maiden Name, Hahn

7. Mother's Birthplace, Germany

8. Full Name of Father, John D. Borcherding

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. S. W. Bloneralle

Address, Cayer Caroline Street

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96129.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1887
BALTIMORE MD

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August-1st 1887
4. Place of Birth, (Street and Number) Nr 1 Penn St-
5. Full Name of Mother, Katie Frank
6. Mother's Maiden Name, Katie Doherman
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John Frank
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return J W McCorrell M D

Address, 312 Hanover St

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 96130.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 23 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 12 1887
4. *Place of Birth, (Street and Number)* 421 Poppleton St.
5. *Full Name of Mother,* Mary E. Burrows
6. *Mother's Maiden Name,* Mary E Burrows
7. *Mother's Birthplace,* Tennallytown D. C.
8. *Full Name of Father,* Joseph A. Burrows
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Tennallytown. D.C.

Name of Medical Attendant, or other Person who makes this Return. Susan Stunter

Address, 23 N° Poppton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co. City Printers and Stationers

RETURN OF A BIRTH. 96131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 23 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 15/87
4. *Place of Birth, (Street and Number)* # 802 N. Calhoun
5. *Full Name of Mother,* Lee Elmer Wood
6. *Mother's Maiden Name,* " " Kendall
7. *Mother's Birthplace,* Gillina Kent Co Md
8. *Full Name of Father,* Wm B. Wood
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. [illegible]

Address, 855 W Lombard St

Remarks,

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 23 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13th 1887
4. *Place of Birth, (Street and Number)* Mulberry St 756 Balto
5. *Full Name of Mother,* Wilhelmine Eugman
6. *Mother's Maiden Name,* Wilhelmine Lindig
7. *Mother's Birthplace,* Germany Bayern
8. *Full Name of Father,* Benedict Fugman
9. *Father's Occupation,* Variety Moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Stunton

Address, 23 N Poppelton St

Remarks,

[illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

A Co., City Printers and Stationers.

RETURN OF A BIRTH 96133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 23 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1857 19th Day of August
4. *Place of Birth, (Street and Number)*	414. Pearl St. Baltimore Md.
5. *Full Name of Mother,*	Elizabeth Hardegen.
6. *Mother's Maiden Name,*	Elizabeth Beitzel.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Lambert Peter Hardegen.
9. *Father's Occupation,*	Barber.
10. *Father's Birthplace,*	Auberg Germany.
Name of Medical Attendant, or other Person who makes this Return.	Susan Hunter
Address,	29 N Poppleton St
Remarks,	

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH 96134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 23 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th August 1887
4. Place of Birth, (Street and Number) City 223 Nocks ally
5. Full Name of Mother, Maggie E. Dahlweiner
6. Mother's Maiden Name, Emrick
7. Mother's Birthplace, City off Baltimore
8. Full Name of Father, John C. Dahlweiner
9. Father's Occupation,
10. Father's Birthplace, City Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Slunter

Address, 23 N° Pappelton St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers.

RETURN OF A BIRTH 96135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
DEC 23 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 = Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 20 - 1887

4. *Place of Birth, (Street and Number)* 1608 S. Charles

5. *Full Name of Mother,* Maimie Sizer

6. *Mother's Maiden Name,* " Trimble

7. *Mother's Birthplace,* Richmond Va

8. *Full Name of Father,* William Sizer

9. *Father's Occupation,* Miller

10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. O. & A. Cooke M. D.

Address, 104 Fort ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96,136.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 20 1887
4. *Place of Birth, (Street and Number)* Forest st 203
5. *Full Name of Mother,* Elizabeth Yates
6. *Mother's Maiden Name,* Elizabeth Howard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Yates
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Caroline Gordon

Address, 153 East st

Remarks, As well as can be Expected

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 9(613).

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 28 1887
BALTIMORE, MD.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 2nd

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* 22 August 1887

4. *Place of Birth,* (*Street and Number*) 1132 Douglass street

5. *Full Name of Mother,* Henrietta Black

6. *Mother's Maiden Name,* Henrietta Yansey

7. *Mother's Birthplace,* Baltimore M. D.

8. *Full Name of Father,* Joseph Black

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return. Caroline Gordon

Address, 153 East street

Remarks, As well as can be expected

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 96138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 24 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	august the 16 th
4. Place of Birth (Street and Number),	Baltimore Burch st 154
5. Full Name of Mother,	Elisabeta Sturm
6. Mother's Maiden Name,	Berlien
7. Mother's Birthplace,	germaney
8. Full Name of Father,	gorge Sturm
9. Father's Occupation,	laborer
10. Father's Birthplace,	germaney
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96139.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
AUG 24 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race) White

3. *Date of Birth* Aug 23/87 3 a m.

4. *Place of Birth,* (Street and Number) 909 E. Baltimore St

5. *Full Name of Mother,* Hannah Gundersheimer

6. *Mother's Maiden Name,* Hannah Rice

7. *Mother's Birthplace,* Gradonville Va

8. *Full Name of Father,* Benj. Gundersheimer

9. *Father's Occupation,* Dry Goods Merchant

10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. A. A. Sexton M.D.

Address, 1136 Eutaw St

Remarks,

...shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

RETURN OF A BIRTH 96140.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 24 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 22th
4. *Place of Birth, (Street and Number)* tyson St 888
5. *Full Name of Mother,* Josephine tyler
6. *Mother's Maiden Name,* Josephine thompson
7. *Mother's Birthplace,* Northumberland county
8. *Full Name of Father,* Archibald tyler
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Sasie county

Name of Medical Attendant, or other Person who makes this Return. Sarah Devall

Address, No 213 Jasper Street

Remarks,

[illegible] upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 10.
4. Place of Birth (Street and Number),	728 West Pratt Street
5. Full Name of Mother,	Henrietta Charlotta Martha Henning
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Blankenbourg / Hl.
8. Full Name of Father,	Maximilian Eugene Leon Shoene
9. Father's Occupation,	Cook.
10. Father's Birthplace,	Berlin
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. Mamel. Midewife.
Address,	Now # 625 Saratoga str.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 15 — 1887
4. Place of Birth (Street and Number),	No 935 Beaven st.
5. Full Name of Mother,	Mary Kurtz
6. Mother's Maiden Name,	J Fiegenbahe
7. Mother's Birthplace,	America
8. Full Name of Father,	William Kurtz
9. Father's Occupation,	Laborer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser midwife
Address,	1032 Hanover st.
Remarks,	

the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Martin Lucas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 16th 1887
4. Place of Birth (Street and Number),	No. 1708 Bond st
5. Full Name of Mother,	Emma Lucas
6. Mother's Maiden Name,	Fiedler
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Carl Lucas
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohmeier mid wife
Address,	1092 Hanover st
Remarks,	GIVEN NAME ADDED 3-29-54 L.M.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 96144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 16th 1887
4. *Place of Birth, (Street and Number)* 75. McCullough St
5. *Full Name of Mother* Emily Maulsby ~~Boulden~~ Nelson
6. *Mother's Maiden Name* " " Boulden
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William B. Nelson
9. *Father's Occupation* Electrician
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. R. McKeen

Address 1401. Linden av

Remarks

... the mother of such child or children.

RETURN OF A BIRTH 96145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 17th 1884
4. Place of Birth (Street and Number), 1140	Kirk St
5. Full Name of Mother,	Unknown
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Supposed to be Holle,
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Unknown
Name of Medical Attendant, or other person who makes this Return.	W. B. Roberts Inspector
Address,	Health Dept. Balto Md
Remarks,	

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH, 96146

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 17th 1887
4. *Place of Birth, (Street and Number)* 104, N. Fulton av
5. *Full Name of Mother* Mary J. Aiken
6. *Mother's Maiden Name* " " Wolvington
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George B Aiken
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McKnew

Address 1401 Linden av

Remarks

Mother

... of the mother of such child or children.

RETURN OF A BIRTH 96147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race),
3. Date of Birth, Aug 19 — 1887
4. Place of Birth (Street and Number), No. 140 Patapsco st.
5. Full Name of Mother, Caroline Fiemeyer
6. Mother's Maiden Name, Shram
7. Mother's Birthplace, America
8. Full Name of Father, Friedrich Fiemeyer
9. Father's Occupation, Storekeeper
10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser midwife

Address, 1032 Hanover st.

Remarks,

...person be in attendance upon the ... the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug 20 — 1887
4. *Place of Birth (Street and Number),* No. 1130 Eutaw st
5. *Full Name of Mother,* Bertha Kemeke
6. *Mother's Maiden Name,* Schneider. Germany
7. *Mother's Birthplace,*
8. *Full Name of Father,* George Kemeke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. J. Schwasser midwife

Address, 1032 Hanover st.

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 20. 1887
4. *Place of Birth (Street and Number),* No 823. S. Bond St. Baltimore
5. *Full Name of Mother,* Katie Seaman
6. *Mother's Maiden Name,* Katie Estes
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George W. Seaman
9. *Father's Occupation,* Rigger
10. *Father's Birthplace,* St Marys County Md.

Name of Medical Attendant, or other person who makes this Return. Magnus Poulsen

Address, 830 S. Bond. Street - Baltimore

Remarks,

the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Pearl Langley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	White
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 20 1887
4. Place of Birth (Street and Number),	348 Caroline St
5. Full Name of Mother,	Mary Cecilia Sangley
6. Mother's Maiden Name,	Morgan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James K Polk Sangley
9. Father's Occupation,	Sergeant of the Police
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs K Knowles
Address,	1029 E Pratt St
Remarks,	GIVEN NAME ADDED. 3 4 53 L.M.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. Sex (state whether male or female),	Little Boy
2. Race or Color (if not of the white race),	White Race
3. Date of Birth,	20th of August 1881
4. Place of Birth (Street and Number),	No 2153 Galveston
5. Full Name of Mother,	Mrs. Volkert
6. Mother's Maiden Name,	Miss Leimharz
7. Mother's Birthplace,	Hessendorf Le Germany
8. Full Name of Father,	Mr. Fred Volkert
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Dillenburg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Miller
Address,	2127 West Pratt St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have or have comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96152

CERTIFICATE CORRECTED 5-27-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Sophia Schilling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 20th, 1887
4. Place of Birth (Street and Number), 222 Geiser St
5. Full Name of Mother, Minnie ~~Schillinger~~ Schilling
6. Mother's Maiden Name, Minnie Sprole
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry ~~Schillinger~~ Schilling
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hellyonda Slifer

Remarks, 529 Columbia Ave

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 2/ 95
4. Place of Birth (Street and Number),	219 So Paca
5. Full Name of Mother,	Mary Uehstedt
6. Mother's Maiden Name,	Mary Rudgiel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Uehstedt
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Neelsonda Slifer
Address,	629 Columbia Ave
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 21st
4. *Place of Birth (Street and Number),* 632 Portland St
5. *Full Name of Mother,* Elizabeth Farinholf
6. *Mother's Maiden Name,* Elizabeth Fach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm H Farinholf
9. *Father's Occupation,* Hat Packer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return.

Address, Hillegonda Slifer

Remarks, 529 Columbia Ave

...immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ~~the~~ Child
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 21 — 1887
4. Place of Birth (Street and Number),	No 1332 Hanover st
5. Full Name of Mother,	Jennie Kraft
6. Mother's Maiden Name,	Krier
7. Mother's Birthplace,	America
8. Full Name of Father,	Michel Kraft
9. Father's Occupation,	Painter
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser midwife
Address,	1032 Hanover st.
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 21 — 1887
4. Place of Birth (Street and Number),	No. 1205 Eutaw st
5. Full Name of Mother,	Elisabeth Barret Schienberg
6. Mother's Maiden Name,	
7. Mother's Birthplace,	America
8. Full Name of Father,	Tomas Barret
9. Father's Occupation,	Fish dealer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Schweyser midwife
Address,	1032 Hanover st
Remarks,	

mother. Immediately thereafter it shall become the duty of the midwifery, or should no other person be in attendance upon the the Commissioner of Health, in the manner and within the person or parents of such child to report its birth to period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed Child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug 21 — 1887
4. *Place of Birth (Street and Number),* No. 932 Hanover st.
5. *Full Name of Mother,* Fanny Schmith
6. *Mother's Maiden Name,* Ferra
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Schmith
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser, midwife

Address, 1032 Hanover st.

Remarks,

Mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 21. agust 1887
4. *Place of Birth (Street and Number),* 832. S. Bond Street
5. *Full Name of Mother,* Bosie Buckrow
6. *Mother's Maiden Name,* Cennecker.
7. *Mother's Birthplace,* Holland
8. *Full Name of Father,* Frank Buckrow
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Holland

Name of Medical Attendant, or other person who makes this Return. Morse. Prell

Address, 830 S. Bond. Stnt Baltimore

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 21st of August 1887
4. Place of Birth (Street and Number), Patterson Park Ave 605 South
5. Full Name of Mother, Josephine Shipley
6. Mother's Maiden Name, Graham
7. Mother's Birthplace, Balt
8. Full Name of Father, George W Shipley
9. Father's Occupation, Hard Wood Finisher
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs H Knowles

Address, 1829 E Pratt

Remarks,

[illegible] immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. ~~#2533 Oliver St~~ August 25th/87
4. Place of Birth, (Street and Number) #2533 Oliver St
5. Full Name of Mother. Marianne Orpwood
6. Mother's Maiden Name. Marianne Mildred
7. Mother's Birthplace. Brighton Eng.
8. Full Name of Father. Richard Orpwood
9. Father's Occupation. Silver Smith
10. Father's Birthplace. London Eng.

Name of Medical Attendant, or other Person who makes this Return. J. F. Lang MD

Address. 105 So High St

Remarks.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug. 22-1887
4. *Place of Birth (Street and Number),* 614 E. Fayette
5. *Full Name of Mother,* Mary C. Voyce
6. *Mother's Maiden Name,* " " McClusky
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Charle Voyce
9. *Father's Occupation,* Barkeeper
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return. D. Streett MD.

Address, 403 N. Exeter St

Remarks,

HEALTH DEPARTMENT
25 1887
BALTIMORE, MD.

...ner. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 22nd
4. *Place of Birth (Street and Number),* 662 Columbia Ave
5. *Full Name of Mother,* Emma Muspelhorn
6. *Mother's Maiden Name,* Emma Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Muspelhorn
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Kellyonday Sleper

Address, 529 Columbia Ave

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 23-87

4. Place of Birth, (Street and Number) 407 S. Collington Ave

5. Full Name of Mother, Elizabeth Andrews

6. Mother's Maiden Name, Elizabeth Wolfel

7. Mother's Birthplace, Balto.

8. Full Name of Father, Leonard Andrews

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Frank R C Brosius

Address, 1711 Bank St.

Remarks,

HEALTH DEPARTMENT
AUG 25 1887

...the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 96164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race).* White

3. *Date of Birth,* August 23rd 1857

4. *Place of Birth (Street and Number),* 207 S Chester St

5. *Full Name of Mother,* Sarah Cohee

6. *Mother's Maiden Name,* Thompson

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* George Cohee

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other person who makes this Return. Mrs Knowles

Address, 1829 Pratt

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug. 29-1887
4. *Place of Birth (Street and Number),* 344 N. Bond
5. *Full Name of Mother,* Kate Hoddinott
6. *Mother's Maiden Name,* Mc Donah
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John H. Hoddinott
9. *Father's Occupation,* coachsmith
10. *Father's Birthplace;* Md

Name of Medical Attendant, or other person who makes this Return. D. Scott M.D

Address, 403 N. Gaten

Remarks,

of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Aug. 25. 1887 4 20 pm
4. Place of Birth, (Street and Number) 608 Bruce St. Baltimore.
5. Full Name of Mother, Mrs Elizabeth M Lanpher
6. Mother's Maiden Name, Elizabeth M Abraham
7. Mother's Birthplace, London, England
8. Full Name of Father. Oakland K Lanpher
9. Father's Occupation, Life Insce Agent
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard MD.

Address, 313 N. Charles St.

Remarks,

REALTY DEPARTMENT
1887
BALTIMORE MD

...in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

96167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William E. O'Houghlin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 9th 1887
4. *Place of Birth, (Street and Number)* 1022 N. Parkin St.
5. *Full Name of Mother,* Anne Isabel (Vaughlin) O'Houghlin
6. *Mother's Maiden Name,* Gesell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Francis (Vaughlin) O'Houghlin
9. *Father's Occupation,* Cover Shoes
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Webner M.D.

Address, 814 N. Lombard St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 91168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 26 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug. 11/87
4. *Place of Birth, (Street and Number)*	123 N. Washington St.
5. *Full Name of Mother,*	Elizabeth Schultz
6. *Mother's Maiden Name,*	" Werner
7. *Mother's Birthplace,*	York Pa.
8. *Full Name of Father,*	Henry Schultz Jr.
9. *Father's Occupation,*	Photographer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R.W. Mansfield M.D
Address,	129 S. Broadway
Remarks,	

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 96169.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August. 12th 1887
4. *Place of Birth, (Street and Number)* 744 Mc Henry St.
5. *Full Name of Mother,* Emma Louise Cureau
6. *Mother's Maiden Name,* Harvey
7. *Mother's Birthplace,* Port Chester N.Y.
8. *Full Name of Father,* Adolph Edward Cureau
9. *Father's Occupation,* Pattern Fitter
10. *Father's Birthplace,* France

Name of Medical Attendant, or other Person who makes this Return. H.H. Hebner M.D.

Address, 814 W. Lombard St.

Remarks,

the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

96170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 26 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug. 14/87
4. *Place of Birth, (Street and Number)*	85 Stiles St.
5. *Full Name of Mother,*	Maggie Carol
6. *Mother's Maiden Name,*	" Monahan
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Arthur Carol
9. *Father's Occupation,*	Labrer
10. *Father's Birthplace,*	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M.D.
Address,	129 So Broadway
Remarks,	

, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

96171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, 16th of August
4. Place of Birth (Street and Number), 925 Green Willow Court
5. Full Name of Mother, Mary Webb
6. Mother's Maiden Name, " Gallery
7. Mother's Birthplace, Essex County Virginia
8. Full Name of Father, Isaac Webb
9. Father's Occupation, Labour
10. Father's Birthplace, Essex County Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Johnson

Address, 710 Tyson street

Remarks,

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 26 1887
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 17 of August
4. *Place of Birth (Street and Number),* 1117 Maryland Ave
5. *Full Name of Mother,* Rosa Winder
6. *Mother's Maiden Name,* " " " "
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Princess Anne Somerset Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anne Johnson

Address, 110 Tyson st

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 18, 1887
4. *Place of Birth, (Street and Number)* 164 Walker St.
5. *Full Name of Mother,* Kate Cassen
6. *Mother's Maiden Name,* Corkman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Cassen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, #5 Walker St. Balto Md

Remarks,

phy & Co., City Printers and Stationers.

every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 20 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* August 19th
4. *Place of Birth (Street and Number),* 513 Otford street
5. *Full Name of Mother,* Ella Hill
6. *Mother's Maiden Name,* Mrs Davy
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* George Hill
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Harford county

Name of Medical Attendant, or other person who makes this Return. Mrs Anni Johnson

Address, 710 Tyson street

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 August
4. *Place of Birth, (Street and Number)* 116 N. Frederick
5. *Full Name of Mother,* Minnie Levy
6. *Mother's Maiden Name,* Minnie Levy
7. *Mother's Birthplace,* Posen Russia
8. *Full Name of Father,* Simon Rückell
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Posen Russia

Name of Medical Attendant, or other Person who makes this Return.

Address, Babatta Reis midwife

Remarks, 28 N Frederick St

HEALTH DEPARTMENT AUG 26 1887 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96176.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* [illegible]
4. *Place of Birth (Street and Number),* Dover Street 245
5. *Full Name of Mother,* bridget Conrad
6. *Mother's Maiden Name,* bridget Smith
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Samuel Conrad
9. *Father's Occupation,* labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Thornton

locust point [illegible] St

[illegible] and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth Child

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* 19 [illegible]
4. *Place of Birth (Street and Number),* Locust point 49 [illegible]
5. *Full Name of Mother,* Cathrine Burk
6. *Mother's Maiden Name,* Cathrine Stokes
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* thomas Stokes
9. *Father's Occupation,* clerk
10. *Father's Birthplace,* north Carolina

Name of Medical Attendant, or other person who makes this Return.

Address, Ann Thornton Hubert St

Remarks, Locust point

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to [illegible]ly with the provisions of this section shall be subjected to [illegible] fine of ten (10) dollars for each offence, to be rec[illegible] as other fines and forfeitures are recoverable.

[illegible]e Publishing Co., City Printers and Stationers.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, other duties and forfeitures are recoverable.

RETURN OF A BIRTH 96178.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 20th 1887

4. *Place of Birth, (Street and Number)* 10 West Hamburg St

5. *Full Name of Mother,* Laura Curran

6. *Mother's Maiden Name,* " Vogelsank

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Edward Curran

9. *Father's Occupation,* in Water Department

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD

Address, 104 Fort Av

Remarks,

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* 20 August
4. *Place of Birth (Street and Number),* locust point Cooks st
5. *Full Name of Mother,* magie buckley
6. *Mother's Maiden Name,* magie foley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James buckley
9. *Father's Occupation,* Labrour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Ann Thornton hubert St

Remarks, locust point

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96180.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 20th
4. *Place of Birth, (Street and Number)* 766 Hamburg St.
5. *Full Name of Mother,* Rosalie Genick
6. *Mother's Maiden Name,* Goldstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Genick
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. H. H. Weber M.D.

Address, 814 W. Lombard St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall h[illegible] fail to comply with the provisions of this section, shall be [illegible]d to the fine of ten (10) dollars for each offense to be r[illegible]ed as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 21, 1857.
4. *Place of Birth, (Street and Number)* 568 Asquith St.
5. *Full Name of Mother,* Sophia Deise
6. *Mother's Maiden Name,* Winters
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Deise
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96182.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 26 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 22nd of August
4. *Place of Birth, (Street and Number)* 306 S. Chester St.
5. *Full Name of Mother,* Martha Rebekah White
6. *Mother's Maiden Name,* Radyon
7. *Mother's Birthplace,* Sammersett Co Md
8. *Full Name of Father,* Samuel White
9. *Father's Occupation,* Bay Capt
10. *Father's Birthplace,* Sammersett Co Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address, 225 S. Ann St

Remarks, Mother has been sick 2 Months
Baby Premature

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hen[illegible] fail to comply with the provisions of this section, shall be s[illegible]ed to the fine of ten (10) dollars for each offence to be re[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96183.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 c

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22d 1854
4. *Place of Birth, (Street and Number)* N° 454 Leadenhall st
5. *Full Name of Mother,* Iocanna Bailey
6. *Mother's Maiden Name,* Iocanna Skipper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lee. Bailey
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address, N° 1617 Byrd st

Remarks,

by & Co., City Printers and Stationers.

RETURN OF A BIRTH

96184.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) The 1st Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Le 23 of May 1887
4. *Place of Birth (Street and Number),* No 1037 Tommerset St
5. *Full Name of Mother,* Annie Gossman
6. *Mother's Maiden Name,* Annie Koenig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gossman
9. *Father's Occupation,* Ice Depot
10. *Father's Birthplace,* George Town Bal Co

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Sauer

Address, No 1054 Harford Ave

Remarks, Bal Md

1887

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96-85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th Child

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Dec 24 1887

4. *Place of Birth (Street and Number),* No 1033 E Eager St

5. *Full Name of Mother,* Rose Farrell

6. *Mother's Maiden Name,* Rose Devaney

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Michael Farrell

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Rose Farrell

Address, No 1057 Hanover St

Remarks, Bal Md

1887

...oner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ote Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(96116.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Aug. 21. 1887.
4. *Place of Birth, (Street and Number)* 402 N. Monroe St.
5. *Full Name of Mother,* Kate C. Fips,
6. *Mother's Maiden Name,* Coyle,
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Chas F. F. Fips,
9. *Father's Occupation,* Clerk,
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — J. F. Coyle M.D.

Address, 1007 Fawn

Remarks,

and every month to the Board of Health. In case the ce of a physician, or of a practitioner of midwifery, or nother, immediately thereafter, it shall then become the rt its birth to the Board of Health, in the manner, and es of the births and deaths of illegitimate children, and mply with the provisions of this section shall be subject ered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96187.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ter Child

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren 24 August
4. *Place of Birth (Street and Number),* 162 Eden Str
5. *Full Name of Mother,* Christine Zeller
6. *Mother's Maiden Name,* Christine Hofmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Zeller
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96188.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* Weiß
3. *Date of Birth,* geboren den 24 August
4. *Place of Birth (Street and Number),* 209 Eden Str
5. *Full Name of Mother,* Sosilge Winer
6. *Mother's Maiden Name,* Sosilge Meisel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Selsim Winer
9. *Father's Occupation,* Backer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96189.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25th 1887
4. Place of Birth, (Street and Number) No. 534 North Washington St.
5. Full Name of Mother, Mrs. Cora Hohman
6. Mother's Maiden Name, Miss Cora Spiegel
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Conrad Peter Hohman
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen, M.D.

Address, No. 418 North Broadway

Remarks, Nurse, Mrs Brooks, 2033 Jefferson St.

AUG 26 1887

...rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 26 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27. July
4. *Place of Birth, (Street and Number)* 112 N Frederick St
5. *Full Name of Mother,* Ella Ehrin
6. *Mother's Maiden Name,* Ella Elliott
7. *Mother's Birthplace,* Balty Md Joe Ahern
8. *Full Name of Father,* Lack driver
9. *Father's Occupation,*
10. *Father's Birthplace,* Balty Md

Name of Medical Attendant, or other Person who makes this Return. Wm Weiß Hebamme

Address, No 112. N. Friedrichstr Baltimore

Remarks, MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

7/1/91.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* 3rd of August

4. *Place of Birth (Street and Number),* 629 Hamburg St.

5. *Full Name of Mother,* Annie Villmar

6. *Mother's Maiden Name,* Annie Summerbach

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Villmar

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address,

Remarks,

RECEIVED REGISTRY DEPARTMENT AUG 27 1887 BALTIMORE MD.

In the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and in the manner and with the provisions of this section shall be subjected who shall hereafter fail to comply with the provisions of for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9/1/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Childen boie
1. Sex (state whether male or female),	~~Male~~ Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Born 10 august
4. Place of Birth (Street and Number),	N Feller St 837
5. Full Name of Mother,	Mary Essert
6. Mother's Maiden Name,	Mary cushmann
7. Mother's Birthplace,	Born London
8. Full Name of Father,	John Henry Essert
9. Father's Occupation,	Lumber Wagon Dealer
10. Father's Birthplace,	Born Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	
Remarks,	

AUG 27 1892
BALTIMORE MD

...the form of a certificate between the first and third day of ... each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, ... mother, immediately thereafter it shall become the duty of the ... the Commissioner of Health ... in the manner and within the period above required, and ... who shall hereafter fail ... comply with the provisions of this section shall be subjected ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96193.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three Children

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White Race
3. *Date of Birth,* 11th of August
4. *Place of Birth (Street and Number),* 725 Barre st
5. *Full Name of Mother,* Ida May Keilholtz
6. *Mother's Maiden Name,* Ida May Smith
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George Washington Keilholtz
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address,

Remarks,

AUG 27 1897

BALTIMORE

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and comply with the provisions of this section shall be subjected who shall hereafter fail to for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96/94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Mail
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 August
4. *Place of Birth (Street and Number),* Baltimore 120 King St
5. *Full Name of Mother,* Anna Peeth
6. *Mother's Maiden Name,* Anna S Harford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* J J Peeth
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address,

Remarks,

HEALTH DEPARTMENT
AUG 27 1894
BALTIMORE

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, August the 19 1896

4. Place of Birth (Street and Number), 700 Cross st

5. Full Name of Mother, Mary Rong

6. Mother's Maiden Name, Thusand

7. Mother's Birthplace, Germany

8. Full Name of Father, John Rong

9. Father's Occupation, Grocery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Rong

Address, 700 Cross st

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* August the 16th
4. *Place of Birth (Street and Number),* Baltimore Charles st No 1525
5. *Full Name of Mother,* Sarah Cook
6. *Mother's Maiden Name,* Cradford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Cook
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light st No 1514

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Wite
3. Date of Birth, August 16
4. Place of Birth (Street and Number), Walker St No 575
5. Full Name of Mother, Ella N. Duvall
6. Mother's Maiden Name, Heline
7. Mother's Birthplace, Baltimore City md
8. Full Name of Father, Charles E. Duvall
9. Father's Occupation, Laborer Mt Clare B & O
10. Father's Birthplace, Frederick City md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address,

Remarks,

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE, MD.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96198.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* august the 17th
4. *Place of Birth (Street and Number),* Baltimore Burch St No 1515
5. *Full Name of Mother,* Ellen Belt
6. *Mother's Maiden Name,* sayeis
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* William Belt
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

AUG 27 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 17th 1887
4. *Place of Birth, (Street and Number)* #208 S. Stricker st
5. *Full Name of Mother,* Mary Jane Shipley
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace* Annaundel Co.
8. *Full Name of Father,* Frederick H. Shipley
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Thurston

Address, 23 N Pennsylvania St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...dge & Co. City Printers and Stationers.

RETURN OF A BIRTH 96200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 17 87
4. *Place of Birth (Street and Number),* 403. E. Baltimore
5. *Full Name of Mother,* Bettie Lehman
6. *Mother's Maiden Name,* " Stern
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Lehman
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return. Edward J. McDevitt

Address, 208 Aisquith St

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 7
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and within the provisions of this section shall be subjected to a fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96 20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,*
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, August 18. 1887
4. Place of Birth (Street and Number), Cuba St 16.47
5. Full Name of Mother, Mary Mculley
6. Mother's Maiden Name, Mary Kagen
7. Mother's Birthplace, Irland
8. Full Name of Father, Pat Mculley
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1619 Cuba St

Remarks,

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96 29
96 204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1897
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 18
4. *Place of Birth (Street and Number),*
5. *Full Name of Mother,* Monroe
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

...ore Publishing Co., City Printers and Stationers.

Missing #96205 – #96211

RETURN OF A BIRTH. 96212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, AUG 27 1887 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August - 25th - 5.10 P.M.
4. *Place of Birth, (Street and Number)* 577 Union Street.
5. *Full Name of Mother,* Kate P. Eigledinger.
6. *Mother's Maiden Name,* Kate Plitt
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Herman Eigledinger
9. *Father's Occupation,* Marble polisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. Steinbrenner, M.D.

Address, 1035 Myrtle Avenue

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers

RETURN OF A BIRTH 96213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3 & 4 Twins

1. Sex, (state whether male ~~or female~~) & Male

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth, August 26th 1887

4. Place of Birth, (Street and Number) Wolfe & Gough Sts

5. Full Name of Mother, Annie E. Lambert

6. Mother's Maiden Name, " " Yeager

7. Mother's Birthplace, Md

HEALTH DEPARTMENT
AUG 27 1887

RETURN OF A BIRTH 96213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3 & 4 Twins

1. Sex, (state whether male ~~or female~~) & Male
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, August 26th 1887
4. Place of Birth, (Street and Number) Wolfe & Gough Sts
5. Full Name of Mother, Annie E. Lambert
6. Mother's Maiden Name, " " Yeager
7. Mother's Birthplace, Md
8. Full Name of Father, George F. Lambert
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. A Trego Shertzer Mo

Address, 1102 E Balto St

Remarks, Twins = One after birth a question which has been denied.

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE MD

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 962 11.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 16 87

4. *Place of Birth (Street and Number),* 811 E. Baltimore st

5. *Full Name of Mother,* Mary A. Poole

6. *Mother's Maiden Name,* " " Frey

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John C. Poole

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith

Remarks,

AUG 27 1887
BALTIMORE MD

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 27 1887 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 20/87
4. *Place of Birth (Street and Number),* 42 Aisquith St
5. *Full Name of Mother,* Julia L. Mailey
6. *Mother's Maiden Name,* " " Hamilton
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John A. Mailey
9. *Father's Occupation,* Leather Merchant
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. McDevitt

Address, 208 Aisquith St

Remarks,

...ing Co., City Printers and Stationers

...er when once, to be recovered as other fines and forfeitures are recoverable.

Missing #96216 & #96217

RETURN OF A BIRTH 96218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 27 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 26-1887
4. *Place of Birth (Street and Number),* # 5-20 N. High St.
5. *Full Name of Mother,* Catharine Healy
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Dennis Healy
9. *Father's Occupation,* Garbage Cart Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. D. Streett MD

Address, 403 N. Exeter St

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recov[illegible] as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

the attendance of a physician or practitioner of mi
mother, immediately thereafter it shall become the
the Commissioner of Health, in the manner and wi
who shall hereafter fail to comply with the provisio
for each offence, to be recov

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 2 August
4. *Place of Birth (Street and Number),* 117 Cannon St
5. *Full Name of Mother,* Mary Kolb
6. *Mother's Maiden Name,* = Dümling
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* John Weiss
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks, Canton

AUG 29 1887

the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 5 August
4. *Place of Birth (Street and Number),* 24 Bennet St.
5. *Full Name of Mother,* Agnes Wachter
6. *Mother's Maiden Name,* = Betz
7. *Mother's Birthplace,* Rothenkirchen Bavaria
8. *Full Name of Father,* Georg Wachter
9. *Father's Occupation,* Laboln.
10. *Father's Birthplace,* Pressig Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weis

Address, Lancaster St. Canton

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 7 August
4. *Place of Birth (Street and Number),* 12 Eamon St.
5. *Full Name of Mother,* Mary Wachter
6. *Mother's Maiden Name,* = Betz
7. *Mother's Birthplace,* Rothenkirchen Bavaria
8. *Full Name of Father,* Michael Wachter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Pressig Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, Lancaster St.

Remarks, Eastern

the person or parents of such child to report its birth to mother. Immediately thereafter it shall become the duty of the per the Commissioner of Health, in the manner and within the period who shall hereafter fail to comply with the provisions of this sectio for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 11 August

4. *Place of Birth (Street and Number),* 434 Eastern Ave

5. *Full Name of Mother,* Minni ~~Hennings~~ Brüning

6. *Mother's Maiden Name,* = Hennings

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Brüning

9. *Father's Occupation,* Labeln

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks, Canton

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 August
4. *Place of Birth (Street and Number),* 106 Fountain St
5. *Full Name of Mother,* Kätte Lang
6. *Mother's Maiden Name,* = Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lang
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address,

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 August
4. *Place of Birth (Street and Number),* 158 Eliot St.
5. *Full Name of Mother,* Babara Bannet
6. *Mother's Maiden Name,* = Barkowski
7. *Mother's Birthplace,* West Perussia (Germ)
8. *Full Name of Father,* Joh Bennet
9. *Father's Occupation,* Labeln
10. *Father's Birthplace,* West Perussia

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address,

Remarks,

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 17 August
4. *Place of Birth (Street and Number),* Post Alley
5. *Full Name of Mother,* Margi Wachter
6. *Mother's Maiden Name,* Kolb
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Georg
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Prussia Bavaria

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks, Easton

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 17th 1887
4. *Place of Birth (Street and Number),* 640 Lee St
5. *Full Name of Mother,* Mary F. Wheatley
6. *Mother's Maiden Name,* " " Abbott
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thos E Wheatley
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D. Jr. B

Address, 578 Hanover St

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 24th 1887
4. Place of Birth (Street and Number), 1521 Pressman St
5. Full Name of Mother, Christina Weller
6. Mother's Maiden Name, " Hesse
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph L. Weller
9. Father's Occupation, Baker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D. Rev L.B.

Address, 518 Hanover St

Remarks,

...the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
AUG 21 1897
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 20

4. *Place of Birth, (Street and Number)* 14 Barnet

5. *Full Name of Mother,* Katy Flinn

6. *Mother's Maiden Name,* Katy Reves

7. *Mother's Birthplace,* Albany New York

8. *Full Name of Father,* John J. Finn

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Co Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss Worden

Address, 736 Fremont Ave

Remarks, Healthy

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers

GIVEN NAME ADDED 2-18-52

RETURN OF A BIRTH 96229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Byrd Bishop

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Aug. 20/87.
4. *Place of Birth, (Street and Number)*	1628 Mc Cullough.
5. *Full Name of Mother,*	Ellen Bishop.
6. *Mother's Maiden Name,*	Rowley.
7. *Mother's Birthplace,*	Worcester Co Md
8. *Full Name of Father,*	Dr George W. Bishop
9. *Father's Occupation,*	Sub Treas. Md —
10. *Father's Birthplace,*	Worcester Co Md
Name of Medical Attendant, or other Person who makes this Return.	Thomas Okie M.D.
Address,	600 N Howard St.
Remarks,	

BALTIMORE MD AUG 27 1887

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 21st 1887
4. *Place of Birth (Street and Number),* 1236 E. Preston St.
5. *Full Name of Mother,* Mary Bittroff
6. *Mother's Maiden Name,* " Kalney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno C Bittroff
9. *Father's Occupation,* Grocerman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D. F.R.B.

Address, 578 Hanover St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female (Twins)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 st of August
4. *Place of Birth, (Street and Number)* No 507 Eager st
5. *Full Name of Mother,* Catherine Tully
6. *Mother's Maiden Name,* Catherine Reahoe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Tully
9. *Father's Occupation,* Iron Molder
10. *Father's Birthplace,* Ireland
11. *Name of Medical Attendant,* or other Person who makes this Return. Mrs Rooden
12. *Address,* No 936 Greenmount ave
13. *Remarks,*

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co. City Printers and Stationers

RETURN OF A BIRTH 96232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 22nd 1887
4. Place of Birth (Street and Number), 1445 Johnson St
5. Full Name of Mother, Louisa A Pfister
6. Mother's Maiden Name, " " Shange
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J Pfister
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooper M.D. P.L.B.

Address, 578 Hanover St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH. 96233

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 22

4. Place of Birth (Street and Number) 131 S Gary St

5. Full Name of Mother Martha N Hemling

6. Mother's Maiden Name Martha N Donaldson

7. Mother's Birthplace Balt Md

8. Full Name of Father Henry A Hemling

9. Father's Occupation Carpenter

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. Robt K Kneas

Address 1205 W Fayette St

Remarks City

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23rd August

4. *Place of Birth, (Street and Number)* 908 Franklin St. Baltimore

5. *Full Name of Mother,* Margaret Anne Knight

6. *Mother's Maiden Name,* Margaret Anne Hughes

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* William Knight

9. *Father's Occupation,* Car driver

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Thos S. White

Address, 902 Pierce Street

Remarks, X

AUG 27 1867

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96235

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23d 1887
4. Place of Birth (Street and Number)	743 North Avenue
5. Full Name of Mother	Annie Laurie Hooper
6. Mother's Maiden Name	Annie Laurie Gale
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Edward Luzby Hooper
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. A. Ahler M. D.
Address	661 W. Fayette St
Remarks	

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child.
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	24th of August 1887.
4. Place of Birth (Street and Number),	612 North Chester street.
5. Full Name of Mother,	Katie Würtzberger.
6. Mother's Maiden Name,	Katie Neuberger
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Frank. M. Neuberger.
9. Father's Occupation,	Brick-maker.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BRANCH DEPARTMENT
AUG 29 1887
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 24 / 87
4. *Place of Birth, (Street and Number)* # 118 Dewberry Alley
5. *Full Name of Mother,* Mary Connolly
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Bute Ned
8. *Full Name of Father,* Thos Connolly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Address, A. L. Spiritin

Remarks, 855 W. Lombard St.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City-Printers and Stationers.

CERTIFICATE CORRECTED 5-29-51

RETURN OF A BIRTH 96238

CERTIFICATE CORRECTED 12-11-64

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name ~~Anna~~ ~~Louise~~ Busch, Esther Anna

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* august 24 1887

4. *Place of Birth, (Street and Number)* 456 castle st

5. *Full Name of Mother,* margret (Busch) Busch

6. *Mother's Maiden Name,* margret myers

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* julius (Busch) Busch

9. *Father's Occupation,* stevedore

10. *Father's Birthplace,* europe

Name of Medical Attendant, or other Person who makes this Return, mary conner 424

Address, patterson park avenue

Remarks,

AUG 27 1887

BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED
AUG 29 1887
REGISTRAR
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventeenth.

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Colored
3. *Date of Birth* Aug. 25, 1887
4. *Place of Birth*, (Street and Number) 1130 Claret Alley
5. *Full Name of Mother*, Henrietta Clark
6. *Mother's Maiden Name*, Henrietta Carroll
7. *Mother's Birthplace*, Calvert County.
8. *Full Name of Father*, James Clark
9. *Father's Occupation*, Seaman
10. *Father's Birthplace*, Calvert County

Name of Medical Attendant, or other Person who makes this Return. Abilla Brook

Address, 1132 Warner St

Remarks, Doing well

Report is true to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Black
3. *Date of Birth,* Aug 25th 1887
4. *Place of Birth (Street and Number),* 1414 W Baltimore St
5. *Full Name of Mother,* Alice Snowden
6. *Mother's Maiden Name,* " Russell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Evans Snowden
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return Wharton Cooke Jr M.D.

Address, 578 Hanover St Pa 2B

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 26th 1887
4. Place of Birth (Street and Number), 1414 Light St
5. Full Name of Mother, Kate R V Rosa
6. Mother's Maiden Name, " " " Blondell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis E Rosa
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.C. for F.B.

Address, 518 Hanover St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH 96242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Ill.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Aug. 26/87

4. Place of Birth, (Street and Number) 435 Fourth St

5. Full Name of Mother, Rebecca Day

6. Mother's Maiden Name, " Lutz

7. Mother's Birthplace, B. C.

8. Full Name of Father, Mark Day

9. Father's Occupation, Shirt Cutter

Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilson M.D.

Address, 226 E. Bldg

Remarks,

HEALTH DEPARTMENT AUG 29 1887 BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 96243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 29 1887

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* Aug 27th 87

4. *Place of Birth (Street and Number)* 538 Dolphin St

5. *Full Name of Mother* Mary McNeil

6. *Mother's Maiden Name* Mary Martin

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* John McNeil (died a week ago)

9. *Father's Occupation* Saloon Keeper

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker

Address 1021 Lindsay Ave

Remarks Twins Presentation - Dead born

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 96244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1°

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* August 27 1887

4. *Place of Birth (Street and Number),* No 1651 South Charles st

5. *Full Name of Mother,* Mary Eliza Higgins

6. *Mother's Maiden Name,* Mary Eliza Dorsey

7. *Mother's Birthplace,* Ellicotts city md

8. *Full Name of Father,* John H. Higgins

9. *Father's Occupation,* Glass blower

Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1616 South Charles st

Remarks, Premature Birth Intergestation 7 months lived 12 hours

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1887 August 22 nd.

4. *Place of Birth, (Street and Number)* 402 Lexington

5. *Full Name of Mother,* Elizabeth Jane

6. *Mother's Maiden Name,* Marigold

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis V. Jung

9. *Father's Occupation,* Barber

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Susan Shenton

Address, 23 N. Payne Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o. City Printers and Stationers.

RETURN OF A BIRTH. 96246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 16/1887.

4. Place of Birth, (Street and Number) 121 S. Bond

5. Full Name of Mother, Mary E. G. Thompson

6. Mother's Maiden Name, Diederich

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Edwin E. Thompson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* August 7th 1887.
4. *Place of Birth, (Street and Number)* S. Spring St No 419
5. *Full Name of Mother,* Mary Herman
6. *Mother's Maiden Name,* Mary Sander
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Herman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No. 114

Remarks,

AUG 30 1887

jected to the fine of ten (10) dollars for each offence, to b

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96248.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d,~~ *&c.*)

1. *Sex,* (*state whether* ~~*male*~~ *or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Aug. 14
4. *Place of Birth,* (*Street and Number*) 331 N Hoffman
5. *Full Name of Mother.* Elizabeth F. Memmert
6. *Mother's Maiden Name.* E. Ann Short
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* Fred'k Augustus Memmert
9. *Father's Occupation,* Clerk
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other Person who makes this Return Thos. A. Browse M. D.

Address,

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 96249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd Child

Sex (state whether ~~male or~~ female),

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 16 th 1887.

4. *Place of Birth (Street and Number),* S Durham St No 705

5. *Full Name of Mother,* Louisa Miener

6. *Mother's Maiden Name,* Louisa Loeffler

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* George Miener

9. *Father's Occupation,* Laborer

10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

If any medical attendant fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
Sex (state whether male or female),	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	August 17th 1887.
4. *Place of Birth (Street and Number),*	2223 Essex st
5. *Full Name of Mother,*	Dora Mc. Cracklin
6. *Mother's Maiden Name,*	Benish
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Mc. Cracklin
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 96251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Six Child
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	August 17" 1887.
4. *Place of Birth (Street and Number),*	No 2536 Lancaster str.
5. *Full Name of Mother,*	Maggie Growling
6. *Mother's Maiden Name,*	" Dunkes
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Growling
9. *Father's Occupation,*	Inginer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, August 18th 1887.
4. Place of Birth, (Street and Number) N. Caroline St No 309
5. Full Name of Mother, Annie Whitehurst
6. Mother's Maiden Name, Annie Reigy
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Whitehurst
9. Father's Occupation, Seaman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N. Dallas St No 114

Remarks,

AUG 30 1887

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21st 1887
4. *Place of Birth, (Street and Number)* 526 Mammount Ave
5. *Full Name of Mother,* Emma Rutley
6. *Mother's Maiden Name,* Emma Jenkins
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Thomas Rutley
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. B F Phillips

Address, 735 N Lombard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or ~~female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, August 22nd 1887
4. Place of Birth, (Street and Number) S. Castel St No 325
5. Full Name of Mother, Emilie Schiefer
6. Mother's Maiden Name, Emilie Ebeling
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Schiefer
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallas St No 114

Remarks,

jected to the fine of ten (10) dollars for each offence, (to be r

...O., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 22nd 1887.
4. Place of Birth (Street and Number),	No. 5005 Patterson Park Av.
5. Full Name of Mother,	Emma Weitzel
6. Mother's Maiden Name,	Grahame
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry Weitzel
9. Father's Occupation,	Plumber
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* aug 23 1887

4. *Place of Birth, (Street and Number)* 904 S. Broadway

5. *Full Name of Mother,* josephin S morran

6. *Mother's Maiden Name,* josephin S Goodhuse

7. *Mother's Birthplace,* newyork

8. *Full Name of Father,* thomas morran

9. *Father's Occupation,* tavern keeper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address, No 15. 21 Thames St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH, 96257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Aug 23rd 1887

4. *Place of Birth, (Street and Number)* 15 Lowry st

5. *Full Name of Mother* Bettie Mankin

6. *Mother's Maiden Name* " Hawkins

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Geo. H. Mankin

9. *Father's Occupation* Mechanic

10. *Mother's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. L. McKeon

Address 1401 Linden Ave

Remarks

RETURN OF A BIRTH 96258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 23" 1887.
4. Place of Birth (Street and Number),	No 24005 Patapsco Ave.
5. Full Name of Mother,	Kate Wagner
6. Mother's Maiden Name,	Gubb
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Conrad Wagner
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Europe
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each Offence, to be recovered as other Fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Third Child (96259
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	313 Kliceanna str
4. *Place of Birth (Street and Number),*	August 23" 1887.
5. *Full Name of Mother,*	Dora Glashoff
6. *Mother's Maiden Name,*	Empleda
7. *Mother's Birthplace,*	Baltimor.
8. *Full Name of Father,*	Charles Glashoff
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH, 96260

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 24th 1887
4. *Place of Birth, (Street and Number)* 227 S. Calhoun
5. *Full Name of Mother* Kate Touhey
6. *Mother's Maiden Name* " Lynch
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Dennis K. Touhey
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. R. McKinney

Address 1401 Lincoln Av

Remarks

RETURN OF A BIRTH 96261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE MD

Rose Rae Nachman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 24 1887
4. *Place of Birth, (Street and Number)*	817 Hanover
5. *Full Name of Mother,*	Sarah Nachman
6. *Mother's Maiden Name,*	Sarah Scull
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Isaac Nachman
9. *Father's Occupation,*	Merchant
Father's Birthplace,	Russia
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	310 N Eutaw St
Remarks,	GIVEN NAME ADDED 9-16-54

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of August 1887
4. *Place of Birth, (Street and Number)* Baltimore No 20 Heath St
5. *Full Name of Mother,* Mary R Turner
6. *Mother's Maiden Name,* Mary R Allison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles T Turner
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Prince George County

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address, 1824 Byrd st Baltimore

Remarks, Mother and child are doing well.

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~) [illegible]
2. Race or color, (if not of the white race) White
3. Date of Birth, August 24th 1887
4. Place of Birth, (Street and Number) E. Fayette St No 1706.
5. Full Name of Mother, Amanda Jeremias
6. Mother's Maiden Name, Amanda Kirth
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Ernst Jeremias
9. Father's Occupation, Harness. maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N Dallar St No 114

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* August 25 th 1887.

4. *Place of Birth, (Street and Number)* Forrest St No. 418

5. *Full Name of Mother,* Margaretha Goetzke

6. *Mother's Maiden Name,* Margaretha Witzgall

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Charles. Goetzke

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Buchdorf. Prussia. Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas. St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3d)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, August 25th 1887

4. Place of Birth (Street and Number), # 822 S. Charles St

5. Full Name of Mother, Mary I. Wyatt

6. Mother's Maiden Name, Meredith

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wharton A. Wyatt

9. Father's Occupation, Dairy

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. Mrs. Conway

Address,

Remarks,

RECEIVED
AUG 29 1887
BALTIMORE MD

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH, 96266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Corinne Mona Byrne — 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 28th 1887
4. *Place of Birth, (Street and Number)* 207 N. Stricker
5. *Full Name of Mother* Annie Byrne
6. *Mother's Maiden Name* O'Brien
7. *Mother's Birthplace* Ohio
8. *Full Name of Father* William Byrne
9. *Father's Occupation* Merchant
10. *Mother's Birthplace* Dublin — Ireland

Name of Medical Attendant, or other Person who makes this Return. N. McGuire

Address 1401 Linden Ave

Remarks GIVEN NAME ADDED 1-7-53 L.M.

RETURN OF A BIRTH 96267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1867
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* august 26. 1867
4. *Place of Birth, (Street and Number)* 16.22 Thames St
5. *Full Name of Mother,* Elezbeth Goodhues
6. *Mother's Maiden Name,* Elezbeth Douglass.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdenand Goodhiles
9. *Father's Occupation,* Boarding house Keeper
10. *Father's Birthplace,* New york.

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address, No 15.21 Thames St

Remarks,

Penalties are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 29 1887 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

Sex (state whether male or female), [illegible]

2. *Race or Color (if not of the white race),* [illegible]

3. *Date of Birth,* The 26 of Aug 1887

4. *Place of Birth (Street and Number),* No 913 Biddle St

5. *Full Name of Mother,* Francis Voigt

6. *Mother's Maiden Name,* Francis Gabel

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Herman Voigt

9. *Father's Occupation,* Grocer dealer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, No 1031 [illegible]

Remarks, Bal Md 1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether ~~male~~ or female)

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* August 26th 1887

4. *Place of Birth, (Street and Number)* Orleans St No 1414

5. *Full Name of Mother,* Margaretha Justus

6. *Mother's Maiden Name,* Margaretha Bär

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Joseph Justus

9. *Father's Occupation,* Can maker

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N. Dallas St No 114

Remarks, Dead born

to be recovered as other fines and forfeitures are recoverable.

CITY PRINTING AND STATIONERY.

RETURN OF A BIRTH 96270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 29 1887
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 tes
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	27th of August - 1887
4. Place of Birth (Street and Number),	28 S. Washington Stat
5. Full Name of Mother,	Maria Ruppel
6. Mother's Maiden Name,	Maria Klause
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Leopold Ruppel
9. Father's Occupation,	Dealer
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill Midwife
Address,	207. N. Castle Stral.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 28th 1887
4. Place of Birth, (Street and Number)	751 McHenry St
5. Full Name of Mother,	Lillie Bowers
6. Mother's Maiden Name,	Lillie Hodges
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Wm Bowers
9. Father's Occupation,	Wheelwright
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	G F Phillips
Address,	735 W Lombard St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

., City Printers and Stationers.

RETURN OF A BIRTH 96272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth.	Aug 28th 1887
4. Place of Birth, (Street and Number)	1119 Hanover St
5. Full Name of Mother,	Georgia Fingerman
6. Mother's Maiden Name,	Georgia Dodds
7. Mother's Birthplace,	Talbot Co Md
8. Full Name of Father,	John F Fingerman
9. Father's Occupation,	Brick-Layer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	B F Phillips
Address,	
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 9673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 20th August

4. *Place of Birth, (Street and Number)* 230 Eastern ave

5. *Full Name of Mother,* Emma V. Glamason

6. *Mother's Maiden Name,* Emma White

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Chas. Ed. Glamason

9. *Father's Occupation,* Waiter

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Madore

Address,

Remarks,

BOARD OF HEALTH BALTIMORE

Penalties are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	August 21st 1887.
4. *Place of Birth (Street and Number),*	No 510 Patterson Park Av.
5. *Full Name of Mother,*	Ella Kellner
6. *Mother's Maiden Name,*	" Otten
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Kellner
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Av.
Remarks,	

tures are recoverable.

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96275.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 6 1887

4. Place of Birth, (Street and Number) No 426 North St

5. Full Name of Mother, Alga Knell

6. Mother's Maiden Name, Alga Franzberg

7. Mother's Birthplace, Nassau Germany

8. Full Name of Father, Henry Knell

9. Father's Occupation, Coppersmith

10. Father's Birthplace, Nassau Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Reiß Johann

Address, No 112 N. Frederick St Baltimore

Remarks, W.C.

City Printers and Stationers

RETURN OF A BIRTH 96276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Colord

3. *Date of Birth,* August 22

4. *Place of Birth (Street and Number),* No 113 Carlton St

5. *Full Name of Mother,* Sarah Adams

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Adams

9. *Father's Occupation,* Fireman

10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Milly Blacke 111

Address, 53 Carlton St

Remarks, Healthy Healthy

For each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* August 25 1897

4. *Place of Birth, (Street and Number)* No. 47 Harrison St

5. *Full Name of Mother,* Rachel Rachmelis

6. *Mother's Maiden Name,* Rachel Rodinsky

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Hirsch Rachmelis

9. *Father's Occupation,* China Packer

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ustmen

Address, 207 Caroline Sts

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

Over 96278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Robert F Klebe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, August 25th 1887

Place of Birth, (Street and Number) 711 So. Sharp St

Full Name of Mother, Mary Dorothea (~~Bessie~~) Klebe

Mother's Maiden Name, " (~~Brock~~) Brach

Mother's Birthplace, Balt City Md

Full Name of Father, John P. (~~Perry~~) Klebe

Father's Occupation, (Dairyman)

Father's Birthplace Balt City

Name of Medical Attendant, or other Person who makes this Return ~~Dr~~ A. Bell M.D.

Address, 841 N. Eutaw St

Remarks,

AND STATIONERS

RETURN OF A BIRTH 96279.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 25th August 1897

4. *Place of Birth, (Street and Number)* 934 Greenmount ave

5. *Full Name of Mother,* Elizabeth Jr. Whiten

6. *Mother's Maiden Name,* " " Lynch

7. *Mother's Birthplace,* Richmond

8. *Full Name of Father,* John J. Jr. Whiten

9. *Father's Occupation,* Saloon

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas Wooden

Address, 936 Greenmount Ave

Remarks, Health

Any false answers to be prosecuted as other lies and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 96280.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 26 - 87
4. *Place of Birth, (Street and Number)*	405 Runkney Place
5. *Full Name of Mother,*	Anna Shafer
6. *Mother's Maiden Name,*	" Schmidt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Theodore Shafer
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Irving Miller MD
Address,	1207 E. Monument St.
Remarks,	"

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 96281.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* Aug 27th

4. *Place of Birth, (Street and Number)* Slemmers Ely 220

5. *Full Name of Mother,* Sarah

6. *Mother's Maiden Name,* " Perman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Nathan Garanchick

9. *Father's Occupation,* Peddler

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebbeca Ustman

Address, 207 Caroline Sts.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH, 96282.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Aug 29th 1887
4. *Place of Birth, (Street and Number)* 514 West Mulberry St
5. *Full Name of Mother* Mrs Ellen Peters
6. *Mother's Maiden Name* Ellen Brown
7. *Mother's Birthplace* Calvert Co md
8. *Full Name of Father* Chas Peters
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Calvert Co. md

Name of Medical Attendant, or other Person who makes this Return. G B Becker M D

Address 411 W Saratoga St

Remarks

GIVEN NAME ADDED 1-7-55

RETURN OF A BIRTH, 96283.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

William Greger — Osterman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Male -
2. Race or Color, (if not of the white race)	White
3. Date of Birth	August 30. 87
4. Place of Birth, (Street and Number)	503 Hanover St
5. Full Name of Mother	Katie Osterman
6. Mother's Maiden Name	" Stone.
7. Mother's Birthplace	St Mary's Co - Md
8. Full Name of Father	Wm J. Osterman
9. Father's Occupation	Clerk -
10. Father's Birthplace	Trenton. N. J.
Name of Medical Attendant, or other Person who makes this Return.	A. S. Watts M.D.
Address	815 W Lombard St
Remarks	

RETURN OF A BIRTH. 96284.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* negro

3. *Date of Birth* 30 of august

4. *Place of Birth, (Street and Number)* 1424 canton av

5. *Full Name of Mother,* Mary Miller

6. *Mother's Maiden Name,* Mary Lewis

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Hopkam Lewis

9. *Father's Occupation,* laber

Father's Birthplace, Mary ester

Name of Medical Attendant, or other Person who makes this Return. Alice shimane

Address,

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) ~~Male~~ female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 30

4. Place of Birth, (Street and Number)

5. Full Name of Mother, 806 Cedar Hall St

6. Mother's Maiden Name, Mary Carter

7. Mother's Birthplace, Snow Hill Md

8. Full Name of Father, Orton Spriggs

9. Father's Occupation, Sailor

10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Miley Gross

Address, [redacted]

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96286.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, August Benjamin Bees

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 1st August
4. Place of Birth (Street and Number), 111 Albemarle st
5. Full Name of Mother, Louise Beeze Bees
6. Mother's Maiden Name, Forster
7. Mother's Birthplace, Europe
8. Full Name of Father, Frederick Beeze Bees
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st

Remarks,

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug. 1st. 1887
4. Place of Birth (Street and Number),	106 Chester St.
5. Full Name of Mother,	Minnie Crowy.
6. Mother's Maiden Name,	Minnie Swan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	C. N. Crowy
9. Father's Occupation,	Saloonkeeper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. F Butt
Address,	1245 S W. cor Monument St. & Central av.
Remarks,	Fell Well

duty of the person or parents of such child to report its birth to
thin the period above required, and any such person or persons
ons of this section shall be subjected to the fine of ten (10) dollars
forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 12th 1897.
4. *Place of Birth (Street and Number),* #1016 Sterling St
5. *Full Name of Mother,* Katie Schloer
6. *Mother's Maiden Name,* " Sack
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Joseph Schloer
9. *Father's Occupation,* Gärtner.
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hellegeist

Address, #1826 E. Monument St

Remarks, 1038 (New Number)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 2nd 1887
4. *Place of Birth (Street and Number),* #321 Baldwin St
5. *Full Name of Mother,* Rachel Thimmel
6. *Mother's Maiden Name,* " Taylor
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Moses Thimmel.
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Stallegast

Address, #1826 E. Monument St

Remarks, #1038 New Number

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
● *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	August 2nd 1887
4. *Place of Birth (Street and Number),*	No. 604 Scott St.
5. *Full Name of Mother,*	Mary Olivia Bell.
6. *Mother's Maiden Name,*	" " Magonigal
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John William Bell.
9. *Father's Occupation,*	Wagon. Driver
10. ● *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs E Laebach
Address,	No 735 W Pratt Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-14-62

RETURN OF A BIRTH

96291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jacob A. Baumann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 2nd 1887
4. *Place of Birth (Street and Number),* No. 574 Preston St.
5. *Full Name of Mother,* Dene (Bauman) Baumann
6. *Mother's Maiden Name,* " " Gaa
7. *Mother's Birthplace,* Schwattenberg.
8. *Full Name of Father,* Joseph (Bauman) Baumann
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 106 S. Monroe St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 2nd
4. *Place of Birth (Street and Number),* No 716 Hanover St
5. *Full Name of Mother,* Maggie Amthor
6. *Mother's Maiden Name,* Elle
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Eduard B. Amthor
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Louisville. Ky

Name of Medical Attendant, or other person who makes this Return. Katie M. Rich

Address, 800 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth, August 2. 1887

4. Place of Birth (Street and Number), S. Charles St No 1202

5. Full Name of Mother, Augusta Kainlein

6. Mother's Maiden Name, Helmetag

7. Mother's Birthplace, Balto M. D,

8. Full Name of Father, Frank, Kainlein,

9. Father's Occupation, Carter

10. Father's Birthplace, Balto M, D,

Name of Medical Attendant, or other person who makes this Return. Katie Murphy

Address, 900 Seadenball St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 2 August.

4. Place of Birth (Street and Number), 167 W. Hennitta St.

5. Full Name of Mother, Minnie Frohlig

6. Mother's Maiden Name, Minnie Forster

7. Mother's Birthplace, Germany

8. Full Name of Father, Chs. Frohlig

9. Father's Occupation, Bottler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 900 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 3d of August 1887
4. *Place of Birth (Street and Number),* 3102 Elliott St.
5. *Full Name of Mother,* Maggie Louisa King
6. *Mother's Maiden Name,* Maggie Louisa Ehrman
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* George King.
9. *Father's Occupation,* Cooper.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Paulina Liesermann

Address, 1225 Hare St.

Remarks, —

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 3th 1887
4. *Place of Birth (Street and Number),* 1727 Allsum st
5. *Full Name of Mother,* Larrie Funoff
6. *Mother's Maiden Name,* " " Waterway
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Funoff
9. *Father's Occupation,* Paper hanger
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizy Betz

Address, 1744 Bank st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 3rd 1887
4. Place of Birth (Street and Number),	No 716 Spring St.
5. Full Name of Mother,	Christ. Gunting,
6. Mother's Maiden Name,	" Hagi
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Thos. Gunting
9. Father's Occupation,	Tailor
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	M. F. Butt.
Address,	S.W. cor Monument St & Bentley Ave.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) ——
3. Date of Birth, Aug. 3d 1887.
4. Place of Birth, (Street and Number) 137 W. Hill St.
5. Full Name of Mother, Elizabeth Pape
6. Mother's Maiden Name, " Conrad.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Henry R. Pape.
9. Father's Occupation, Foreman.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 524 Sharp. St.

Remarks,

SEP 6 1887 BALTIMORE, MD.

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

96299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether ~~male or~~ female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 8-3-87

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Pauline Newman,

6. Mother's Maiden Name, Do

7. Mother's Birthplace, Ger.

8. Full Name of Father, ——

9. Father's Occupation, ——

10. Father's Birthplace, ——

Name of Medical Attendant, or other Person who makes this Return, A. S. Hertz M.D.

Address, 113 W. Lombard St

Remarks, City

HEALTH DEPARTMENT, SEP 1887 BALTIMORE, MD.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 3 1887

4. Place of Birth, (Street and Number) S. W. Cor. Broadway and Thames st

5. Full Name of Mother, Veronica Beckwith

6. Mother's Maiden Name, Veronica Kraemer

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, James Beckwith

9. Father's Occupation, Caulker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return D. E. Dausland

Address, 1727 E. Balto. st.

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white race
3. *Date of Birth,* august the 3th
4. *Place of Birth (Street and Number),* Baltimore fort av No 1109
5. *Full Name of Mother,* Mary Squrer
6. *Mother's Maiden Name,* geisler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* william R Squrer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* anrael Co Md

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light st No 1514

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, August 8th 1881

4. Place of Birth (Street and Number), 118 Eastfat Alley

5. Full Name of Mother, Maggie Foos

6. Mother's Maiden Name, " " Peters

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Foos

9. Father's Occupation, Butcher

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Beck

Address, 1111 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 3rd
4. Place of Birth (Street and Number),	1151 McElderry St
5. Full Name of Mother,	Julia Schroder
6. Mother's Maiden Name,	" Kerneck
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Ernest Schroder
9. Father's Occupation,	Shoemaker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N Bay St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August the 3. 1887
4. Place of Birth (Street and Number),	Pratt st N 1322
5. Full Name of Mother,	Annie goodrich
6. Mother's Maiden Name,	Annie dohl
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	george S goodrich
9. Father's Occupation,	Cabcer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Keller
Address,	No 2022 Wilkins ave
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 4 — 1887
4. Place of Birth (Street and Number),	34½ S. Bond St.
5. Full Name of Mother,	Julia Feller
6. Mother's Maiden Name,	Burkee
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Feller
9. Father's Occupation,	Lobster
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Stein
Address,	1427 E Hatt St.
Remarks,	

the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug. 4
4. Place of Birth (Street and Number),	830 N Dallas St
5. Full Name of Mother,	Susan Steinbach
6. Mother's Maiden Name,	" Wheler
7. Mother's Birthplace,	Ger.
8. Full Name of Father,	Grover Steinbach
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ger.
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groany
Address,	940 N Gay St
Remarks,	

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 4th 87
4. Place of Birth, (Street and Number)	676 Lexington St
5. Full Name of Mother.	Fanny Greenbaum
6. Mother's Maiden Name,	Fanny Samuel
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Max Greenbaum
9. Father's Occupation,	Cigar Dealer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Jan Rens
Address,	400 Cathedral St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

FAILED TO

Co., City Printers and Stationers.

RETURN OF A BIRTH 96308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third

1. Sex (state whether ~~male or~~ female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Aug 4th 87
4. Place of Birth (Street and Number), 93 Front St.
5. Full Name of Mother, Mary Bush
6. Mother's Maiden Name,
7. Mother's Birthplace, Md.
8. Full Name of Father, William Bush
9. Father's Occupation, Photographer.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. H. P. Hutto.

Address, 113 & 115 Lombard St.

Remarks, City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 8-4-1887.

4. *Place of Birth, (Street and Number)* 809 Hillen St.

5. *Full Name of Mother,* Anna Blackstone

6. *Mother's Maiden Name,* Anna Backiston

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Robert M. Matthews M.D.

Address, 287 N. Exeter St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 8th mo. 4, 1887.

4. *Place of Birth, (Street and Number)* 459 W. Gay St.

5. *Full Name of Mother,* Lizzie Riley

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Reiley Distillery

9. *Father's Occupation,*

Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Robert H. Matthews M. D.

Address, 289 N. Exeter St.

Remarks,

DEPARTMENT OF HEALTH BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First.

1. *Sex, (state whether ~~male or~~ female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 8 — 5 — 87
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Annie Hynes
6. *Mother's Maiden Name,* Do.
7. *Mother's Birthplace,* Virginia,
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant or other Person who makes this Return. A. L. Keith M.D.

Address, 113 & 115 W. Lombard St City

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1"

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Aug 5"
4. Place of Birth (Street and Number), The Lying-in Hosp 622 W. Lombard.
5. Full Name of Mother, Kate Rich
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Germany.
8. Full Name of Father, Not known.
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. L. E. Neal & MD

Address, ~~The Lying-in Hospital of the~~ #319 W. Monument St

Remarks, ~~University of Maryland~~

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	5 Aug
4. *Place of Birth (Street and Number),*	Sterling near Monument
5. *Full Name of Mother,*	Rose Grose
6. *Mother's Maiden Name,*	" Rink
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry C Grose
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gromy
Address,	940 N Gay St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Aug 5 1
4. Place of Birth (Street and Number),	832 Sterling St
5. Full Name of Mother,	Jane Wesley
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Dont Know
9. Father's Occupation,	
Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Brown
Address,	940 N Gay St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), 1
2. Race or Color (if not of the white race),
3. Date of Birth, August 5
4. Place of Birth (Street and Number), Leloup Pitelhol St. N.W.
5. Full Name of Mother, Pauline Fischbach
6. Mother's Maiden Name, Schnadelbach
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Fischbach
9. Father's Occupation, Carter
10. Father's Birthplace, Germany
11. Name of Medical Attendant, or other person who makes this Return. Katie Munch
12. Address, 800 Leadenhall St.
13. Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9631 6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

Sex, (state whether male or female). Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 5th

4. *Place of Birth, (Street and Number)* 511 S. Fremont St

5. *Full Name of Mother,* Augusta DeBaer

6. *Mother's Maiden Name,* Elde

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Jacob DeBaer

9. *Father's Occupation,* Storekeeper

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buckingham M.D.

Address, 418 S. Paca St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 96317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex (state whether male or female), Male,
2. Race or Color (if not of the white race), Black.
3. Date of Birth, Aug. 6th 1887.
4. Place of Birth (Street and Number), 312 Chestnut St. Balto.
5. Full Name of Mother, Mary Carter.
6. Mother's Maiden Name, Mary Hall.
7. Mother's Birthplace, Md.
8. Full Name of Father, Walter Carter,
9. Father's Occupation, Labor,
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. L. F. Ankrim M.D.

Address, 807 Greenmount Ave,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	nine (9)
Sex (state whether male or female),	males
2. Race or Color (if not of the white race),	white
3. Date of Birth,	6. August
4. Place of Birth (Street and Number),	630 Portland st
5. Full Name of Mother,	Anna Dorothea Vollmann
6. Mother's Maiden Name,	Anna Dorothea Rodemann
7. Mother's Birthplace,	Mühlhausen i/Th
8. Full Name of Father,	John Christopher Vollmann
9. Father's Occupation,	Shoemaker
Father's Birthplace,	Mühlhausen i/Th
Name of Medical Attendant, or other person who makes this Return.	Katie Myers
Address,	800 Leadenhall St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	6th August
4. Place of Birth (Street and Number),	23 Division street
5. Full Name of Mother,	Mrs A Cammell
6. Mother's Maiden Name,	Mrs A Willard
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Cammell
9. Father's Occupation,	Coachman
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Sadler
Address,	415 Aisquith street
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, August 6/89

4. Place of Birth (Street and Number), 929 Columbia

5. Full Name of Mother, Louisa Walter

6. Mother's Maiden Name, Dahlman

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Walter

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Edward Blacklock

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 1887
4. *Place of Birth, (Street and Number)* 1207 N. Calvert St
5. *Full Name of Mother,* Hattie Gilpin
6. *Mother's Maiden Name,* Hattie Newcomer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Gilpin
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Mitterhoffer

Address, 319 W. Monument St

Remarks,

HEALTH DEPARTMENT SEP 5 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 6th 1874.
4. *Place of Birth (Street and Number),* #709 Penn. Ave
5. *Full Name of Mother,* Annie Montgomery.
6. *Mother's Maiden Name,* " Unger
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Montgomery
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hilleguet

Address, #182 W. Monument St

Remarks, 1038 (New Number)

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Bishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First.

1. Sex (state whether male or ~~female~~), Male.
2. Race or Color (if not of the white race), Black.
3. Date of Birth, Aug. 6th 1887
4. Place of Birth (Street and Number), 115 W. Lombard St.
5. Full Name of Mother, Agnes Pindoll (Col)
6. Mother's Maiden Name, Do.
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. L. Hutton M.D.

Address, 113 Ed 115 W Lombard St.

Remarks, City.

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First.

Sex (state whether male or ~~female~~), Male.

2. Race or Color (if not of the white race), Black.

3. Date of Birth, Aug 6th 1887.

4. Place of Birth (Street and Number), 115 W. Lombard St.

5. Full Name of Mother, Susan Wilson.

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Md.

8. Full Name of Father, ———

9. Father's Occupation, ———

Father's Birthplace, ———

Name of Medical Attendant or other person who makes this Return. Dr. A. L. Hutto.

Address, 43 N. 15 W. Lombard St.

Remarks, Balto City.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		Third.
1. Sex (state whether male or female),		Male.
2. Race or Color (if not of the white race),		White.
3. Date of Birth,		Aug 1st 1887
4. Place of Birth (Street and Number),	No 824	Columbia st,
5. Full Name of Mother,	Ursula	Clemens.
6. Mother's Maiden Name,	"	" Pepersack.
7. Mother's Birthplace,		Balto.
8. Full Name of Father,	John	G. Clemens.
9. Father's Occupation,		Clerk
10. Father's Birthplace,		Balto
Name of Medical Attendant, or other person who makes this Return.	Wm	E Leebach
Address,	No	735 W Pratt st
Remarks,		

the Commissioner of Health, In the manner and within the time prescribed above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

Sex (state whether male ~~or female~~), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 7th August

4. Place of Birth (Street and Number), 920 Hanover Street

5. Full Name of Mother, Katharine Mosmeller

6. Mother's Maiden Name, Katherine Heidmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Mosmeller

9. Father's Occupation, Beer Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 8/4/61 96327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Leach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 7th. 1887
4. Place of Birth (Street and Number), 2215 Monument St.
5. Full Name of Mother, Annie Leach
6. Mother's Maiden Name, Annie Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Leach
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, S.W. 1245 cor Monument St. & Centret av.

Remarks All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth ~~729~~ ~~Calvert ny Madison~~ Aug 7. 1887
4. Place of Birth (Street and Number) 729 Calvert
5. Full Name of Mother Agnes Jackson Sirson
6. Mother's Maiden Name Agnes F. Jackson
7. Mother's Birthplace City
8. Full Name of Father Hugh Sirson Jr.
9. Father's Occupation Marble Mucht
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. C. F. Bevan

Address 1820 Linden Ave.

Remarks

RETURN OF A BIRTH 96329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male 3rd
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Aug 7
4. *Place of Birth (Street and Number),*	1924 E Eager St
5. *Full Name of Mother,*	Sally O Denton
6. *Mother's Maiden Name,*	1st Ward
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John W Denton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Kent County
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Downey
Address,	910 N Bay St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Phyllis Lee Tucker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 7th 1887

4. *Place of Birth (Street and Number),* 1604 Patterson Av.

5. *Full Name of Mother,* Alice M Tucker.

6. *Mother's Maiden Name,* Alice M French.

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Phillips D Tucker.

9. *Father's Occupation,* Lieutenant

Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. John D Pennington M.D.

Address, 814 N Carrollton Av.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Aug 7th 1887
4. Place of Birth (Street and Number),	712 Pierce street
5. Full Name of Mother,	Maggie Gaskins
6. Mother's Maiden Name,	E. Tunstill
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Dennis Gaskins
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return.	Hester Clarke
Address,	509 Preston st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	685 Pacharel st
4. Place of Birth (Street and Number),	Aug 7th 1887
5. Full Name of Mother,	Jennie Johnson
6. Mother's Maiden Name,	Jennie Wallace
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Wm Johnson
9. Father's Occupation,	Porter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hester Coleman
Address,	605 Preston street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	8th August 1887
4. Place of Birth, (Street and Number)	1101 Front ave
5. Full Name of Mother,	Esther Allen
6. Mother's Maiden Name,	Phillips
7. Mother's Birthplace,	Cincinnatti Ohio
8. Full Name of Father,	Joseph Allen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Jewell
Address,	516 Front Ave
Remarks,	

DEPARTMENT OF HEALTH

City Printers and Stationers.

RETURN OF A BIRTH 96334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	8 August
4. Place of Birth (Street and Number),	1513 E Madison St
5. Full Name of Mother,	Ida Buck
6. Mother's Maiden Name,	" Rogers
7. Mother's Birthplace,	Pennsylvania
8. Full Name of Father,	Geo. G. Buck
9. Father's Occupation,	Electrotyper
Father's Birthplace,	W Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groome
Address,	940 N Gay St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	August 8th
4. *Place of Birth (Street and Number),*	1017 Bare St.
5. *Full Name of Mother,*	Carrie Rehmert
6. *Mother's Maiden Name,*	Carrie Wise
7. *Mother's Birthplace,*	Catonsville
8. *Full Name of Father,*	Charles R. Rehmert
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	M L C Seebach
Address,	735 N Pratt st
Remarks,	

For each offence, to be recovered as other fines and forfeitures are recoverable.

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 8th August 1887

4. *Place of Birth, (Street and Number)* N 407 E Cross St

5. *Full Name of Mother,* Virginia Floyed

6. *Mother's Maiden Name,* Stephens

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Floyed

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Gemmell

Address, 516 Fort ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) First

Sex, (state ~~whether male or~~ female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 8 — 6 — 87

4. Place of Birth, (Street and Number) 115 W Lombard St

5. Full Name of Mother, Lucy Amos (Col)

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Maryland.

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Dr A. L. Kutte

Address, 113 & 115 W Lombard St

Remarks, City.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male or~~ female)

2. Race or color, (if not of the white race) White

3. Date of Birth, August 8th 1887

4. Place of Birth, (Street and Number) Madeira Alley. No 620

5. Full Name of Mother, Anna Langenfelder

6. Mother's Maiden Name, Anna Retz

7. Mother's Birthplace, Aupsetz. Bavaria. Germany

8. Full Name of Father, George Langenfelder

9. Father's Occupation, Butcher

10. Father's Birthplace, Vilbrun. Bavaria. Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* August 8th 1867.
4. *Place of Birth (Street and Number),* Old 264 Franklin st.
5. *Full Name of Mother,* Margaret E. Hall.
6. *Mother's Maiden Name,* Margaret E Parker.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Wm. R. Hall.
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. John D. Cummings M.D.

Address, 804 N Carrollton Av

Remarks,

for each offence, to be recovered as other fines are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 8th
4. *Place of Birth, (Street and Number)* 161 Harrison St
5. *Full Name of Mother,* Sarah Cohen
6. *Mother's Maiden Name,* Sarah Cohen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Morris Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Daniel V Moyer MD

Address, 728 Airquith

Remarks, This case required version

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 8th 1867
4. *Place of Birth, (Street and Number)*	1128 Bowen St
5. *Full Name of Mother,*	Mary Sarleton
6. *Mother's Maiden Name,*	M Goodwin
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Wm C Sarleton
9. *Father's Occupation,*	Cannmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham M D
Address,	720 Columbia avenue
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 8th
4. Place of Birth (Street and Number),	1609 Abbott
5. Full Name of Mother,	Mabel Bohmil
6. Mother's Maiden Name,	" " Englhardt
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Henry Bohmil
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barres St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 8th
4. Place of Birth (Street and Number),	No 724 Hamburg
5. Full Name of Mother,	Amelia Doetsch
6. Mother's Maiden Name,	Amelia Mainz
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Matthew Doetsch
9. Father's Occupation,	Varnisher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. E Seelach
Address,	735 N. Pratt Street
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1887

publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug 9 1887
4. *Place of Birth (Street and Number),* 402 S. Exeter St.
5. *Full Name of Mother,* Rebecca Sardella
6. *Mother's Maiden Name,* Denursia
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Joseph Sardella
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	4th August
4. Place of Birth (Street and Number),	211 Holland st
5. Full Name of Mother,	Lizzie Shannah
6. Mother's Maiden Name,	Sikes
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James H Shannah
9. Father's Occupation,	Soap manufacturer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 9th
4. *Place of Birth (Street and Number),* 1626 Abbott st
5. *Full Name of Mother,* Rosa Babka
6. *Mother's Maiden Name,* " Kapralek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Babka
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 9634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 2nd
4. Place of Birth (Street and Number),	804 N. Dunbar
5. Full Name of Mother,	Mary Klement
6. Mother's Maiden Name,	Vojvoda
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Anton Klement
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Corina
Address,	1621 Barnes St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seen

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* the 9 of August
4. *Place of Birth (Street and Number),* peir st No 817
5. *Full Name of Mother,* Mary Kleisner
6. *Mother's Maiden Name,* Mary Gansman
7. *Mother's Birthplace,* Germaney
8. *Full Name of Father,* George Klisner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germaney

Name of Medical Attendant, or other person who makes this Return. Mrs Ar Dunler

Address, 217 N. Sesveder St

Remarks, Baltimore

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 9 1887
4. Place of Birth (Street and Number),	117 S Monroe St.
5. Full Name of Mother,	Sarah S. Coram
6. Mother's Maiden Name,	Sarah S. Richter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph B. Coram.
9. Father's Occupation,	Moulder,
. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	No 106 S. Monroe St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August the 9. 1887.
4. *Place of Birth (Street and Number),* Baltimore O. Donnell Street 25730
5. *Full Name of Mother,* Barbette Rohmer
6. *Mother's Maiden Name,* — Lederer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Rohmer
9. *Father's Occupation,* Laborer

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Pauline Lierzemann

Address, 1225 Hare Street

Remarks, —

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 9 1887.
4. Place of Birth (Street and Number), 733 Cumberland
5. Full Name of Mother, Annie Griffin
6. Mother's Maiden Name, Simonds
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Robt. W. Griffin
9. Father's Occupation, Clerk
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96.382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 10th 1887.
4. Place of Birth (Street and Number), 1504 Lem. Ave.
5. Full Name of Mother, Mary Ann Dougherty
6. Mother's Maiden Name, Lentz
7. Mother's Birthplace, La.
8. Full Name of Father, E. E. Dougherty
9. Father's Occupation, Restauranteur
10. Father's Birthplace, La.

Name of Medical Attendant, or other person who makes this Return. J. W. Christian M.D.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10. 1887
4. Place of Birth, (Street and Number) 365 N. Preston Street
5. Full Name of Mother, Bessie Nolan
6. Mother's Maiden Name, " Coyne
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Nolan
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer MD

Address, 1031 McCulloh Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 1 ... DEPARTMENT ... BALTIMORE MD

...o., City Printers and Stationers.

RETURN OF A BIRTH 96354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th
4. *Place of Birth, (Street and Number)* 89 (old No) Mosher st.
5. *Full Name of Mother,* Margaret McGinnis
6. *Mother's Maiden Name,* Margaret Kennedy
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John T McGinnis.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. Simon F Hill Mo

Address, 17 N. Calhoun st.

Remarks,

HEALTH DEPARTMENT, SEP 18 1887 BALTIMORE, MD.

...of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers

RETURN OF A BIRTH 96355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 10th 1887
4. Place of Birth (Street and Number), #178 N. Front St
5. Full Name of Mother, Maggie Noakes.
6. Mother's Maiden Name, " McKeven.
7. Mother's Birthplace, Annapolis
8. Full Name of Father, James Noakes.
9. Father's Occupation, Tinner
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1820 Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August. 10th. 1887

4. *Place of Birth (Street and Number),* 814 Sterling St.

5. *Full Name of Mother,* Lewisa Albert

6. *Mother's Maiden Name,* Lewisa Ruge.

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ernest Albert

9. *Father's Occupation,* Pants. ~~Cutter~~ Tailor

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, S.W. cor 1245. Monument St. & Centre Ave.

Remarks, All Well

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Aug 10th 1887
4. Place of Birth (Street and Number), Low st. cor Forrest st.
5. Full Name of Mother, Rosa Crook
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Heyman Crook
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 10th 1887
4. *Place of Birth (Street and Number),* Baltimore 5 or Barre Street
5. *Full Name of Mother,* Fredarica Mayer
6. *Mother's Maiden Name,* Wagenfeild
7. *Mother's Birthplace,* Hanover Germany
8. *Full Name of Father,* Anton Henry Mayer
9. *Father's Occupation,* Pattern maker
10. *Father's Birthplace,* Richmond. Virginia

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 1 08
4. *Place of Birth (Street and Number),* 221 North, Schroeder St
5. *Full Name of Mother,* Maggie H. Perry
6. *Mother's Maiden Name,* Maggie H. Robinson
7. *Mother's Birthplace,* 221 N. Schroeder
8. *Full Name of Father,* J H Perry
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. M. L. Dumbler

Address, 60 N Schroeder St.

Remarks, Baltimore

..., City Printers and Stationers.

RETURN OF A BIRTH 96360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 11th 1887
4. *Place of Birth (Street and Number),* 1721 Easton Ave
5. *Full Name of Mother,* Lizz Landabach
6. *Mother's Maiden Name,* " " Weaver
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Landabach
9. *Father's Occupation,* Shoe Make
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizz Betz

Address, 1244 Bank st

Remarks,

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	11 August
4. Place of Birth, (Street and Number)	103 N Frederick Street
5. Full Name of Mother,	Sophia Rabeman
6. Mother's Maiden Name,	Sophia Bartell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Martin Rabeman
9. Father's Occupation,	merchant.
10. Father's Birthplace,	Fulda, Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr F Reinhard
Address,	220 N Howard Street
Remarks,	

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 96362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 11th 1887
4. *Place of Birth (Street and Number),* 17 Plowman st.
5. *Full Name of Mother,* Esther Schwartzberg
6. *Mother's Maiden Name,* " Schwartzberg
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abram Schwartzberg
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 132 S. Exeter st.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First.

Sex (state ~~whether male~~ or female), Female.

2. Race or Color (if not of the white race), Black.

3. Date of Birth, 8 — 11 — 1887

4. Place of Birth (Street and Number), 115 W. Lombard St.

5. Full Name of Mother, Susan Bean

6. Mother's Maiden Name, D.B.

7. Mother's Birthplace, Md.

8. Full Name of Father, —

Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. A. F. Butts.

Address, 113 and 115 W Lombard Street.

Remarks, Cath.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, August 11th.

4. Place of Birth, (Street and Number) #526 Barre St.,

5. Full Name of Mother, Ida Emerick

6. Mother's Maiden Name, Kennard,

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, George Emerick

9. Father's Occupation, Clerk.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. [illegible] Aderdice

Address, N.E. Cor. Columbia & Remont St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)	1st.
1. *Sex* (*state whether male or female*),	Male
2. *Race or Color* (*if not of the white race*),	White
3. *Date of Birth*,	Aug 12th. 1887
4. *Place of Birth* (*Street and Number*),	183 Gay St.
5. *Full Name of Mother*,	Selie Pokera
6. *Mother's Maiden Name*,	Selie Pokera
7. *Mother's Birthplace*,	~~Baltimore~~ (Boemish)
8. *Full Name of Father*,	Fredirick Poke
9. *Father's Occupation*,	Gass Meter Selecter
10. *Father's Birthplace*,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Britt.
Address,	1245 S.W. cor Monument St. & Central ave
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

ning Co., City Printers and Stationers.

RETURN OF A BIRTH 96366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 12th 1887
4. *Place of Birth, (Street and Number)* 1503 Saratoga st
5. *Full Name of Mother,* Ida Smullen
6. *Mother's Maiden Name,* Ida Costen
7. *Mother's Birthplace,* Somerset Co. Md
8. *Full Name of Father,* Robert Smullen
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Somerset Co. Md

Name of Medical Attendant, or other Person who makes this Return P. G. Danach MD

Address, 1727 E. Balto. st.

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, August 12th 1887

4. Place of Birth (Street and Number), 400 Lexington St

5. Full Name of Mother, Theresa Chilcote

6. Mother's Maiden Name, " Manger

7. Mother's Birthplace, Europe

8. Full Name of Father, Richard Chilcote

[redacted] Father's Occupation, Restaurant

10. Father's Birthplace, Frederick Co Md

[redacted] Name of Medical Attendant, or other person who makes this Return. Katie Murphy

Address, 900 Leadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.)	August 12th 1887
[redacted] Sex (state whether male or female),	Male Child
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Born August 12
4. Place of Birth (Street and Number),	Eastern Street 227
5. Full Name of Mother,	Mrs Eliza Fisher
6. Mother's Maiden Name,	Eliza Kemberg.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gusthaf Fisher
[redacted] Father's Occupation,	Cabinet Maker
10. Father's Birthplace,	Germany.
[redacted] Name of Medical Attendant, or other person who makes this Return.	Mr. C Deetsch.
Address,	735 W. Pratt Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

bing Co., City Printers and Stationers.

RETURN OF A BIRTH 96369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 12 1902

4. *Place of Birth (Street and Number),* 1619 Barnes

5. *Full Name of Mother,* Josephine Slivacky

6. *Mother's Maiden Name,* " " Krompa

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* John Slivacky

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 12th 1887
4. *Place of Birth, (Street and Number)* 917 N. Calvert St
5. *Full Name of Mother,* Mary McComas
6. *Mother's Maiden Name,* Mary Parker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. C. McComas
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. F. W. Miltenberger

Address, 319 W. Monument St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96371.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

Sex (state whether male or female), — female

2. Race or Color (if not of the white race), —

3. Date of Birth, twelvth {12th} of Aug.

4. Place of Birth (Street and Number), Baltimore 436 Wehage St

5. Full Name of Mother, Amelia ~~Senf~~ Clatchey

6. Mother's Maiden Name, Amelia Senf

7. Mother's Birthplace, Hoboken N. Y.

8. Full Name of Father, James S. Clatchey

9. Father's Occupation, Coach Trimmer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Boesing (midwife)

Address, 927 Library Street

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96372.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* Black

3. *Date of Birth,* Aug 12-87

4. *Place of Birth (Street and Number),* # 47 E Hughes St

5. *Full Name of Mother,* Carolina Brown

6. *Mother's Maiden Name,* Carolina Bennet

7. *Mother's Birthplace,* Worchester Co Md

8. *Full Name of Father,* John. A Brown

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Worchester Co Md

Name of Medical Attendant, or other person who makes this Return. Chas. N. Jeffers M.D.

Address, # 48 E. Montgomery St

Remarks, Instrumental delivery

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96373.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Edmund August Leidenroth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 12th August 1887

4. *Place of Birth, (Street and Number)* Lexington St 742

5. *Full Name of Mother,* Katharine Leidenroth

6. *Mother's Maiden Name,* K. Nordhoff

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August F Leidenroth

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. A. Heldmann M.D.

Address, 254 Pearl St Baltimore

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Aug 12 1887
4. *Place of Birth, (Street and Number)*	126 S Calhoun St
5. *Full Name of Mother,*	Ella Arnold
6. *Mother's Maiden Name,*	Ella Bray
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wilson Arnold
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo R Grahame MD
Address,	725 Columbia ave
Remarks,	

GIVEN NAME ADDED 8-26-52

RETURN OF A BIRTH

96375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret May Booth

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	12th August 1887
4. Place of Birth, (Street and Number)	No 1478 Garrett Ave
5. Full Name of Mother,	Margaretta Booth
6. Mother's Maiden Name,	Phillips
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Samuel Booth
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	E Gerwell
Address,	516 Lent Ave
Remarks,	

CITY DEPARTMENT OF HEALTH 1887 BUREAU OF VITAL STATISTICS

City Printers and Stationers.

RETURN OF A BIRTH 96876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Aug. 12th 1887.
4. *Place of Birth, (Street and Number)*	S.E. cor. Fort & Burroughs.
5. *Full Name of Mother,*	Johanna Ripple,
6. *Mother's Maiden Name,*	" Miller,
7. *Mother's Birthplace,*	Balto. City -
8. *Full Name of Father,*	Jno. H. Ripple,
Father's Occupation,	Grocer -
10. *Father's Birthplace,*	Balto. City,
Name of Medical Attendant, or other Person who makes this Return.	R. J. N. Tall. M.D.
Address,	524 Sharp St.
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH

96377
over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Shryock Hauck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 12 1884
4. Place of Birth, (Street and Number) 1518 John "
5. Full Name of Mother, Clara Hauck Hauck
6. Mother's Maiden Name, Clara Biehl
7. Mother's Birthplace, N York
8. Full Name of Father, Jerry F M Hauck Hauck
9. Father's Occupation, Merchant
10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address, 102 Franklin

Remarks,

SEP 5 1884

Co., City Printers and Stationers.

RETURN OF A BIRTH 96378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female), Feamale
2. Race or Color (if not of the white race),
3. Date of Birth, August 13th 1887
4. Place of Birth (Street and Number), 615 Bush st
5. Full Name of Mother, Katie Bavick
6. Mother's Maiden Name, " " Hecker
7. Mother's Birthplace, City
8. Full Name of Father, Henery Bavick
9. Father's Occupation, Coal Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Aug 12th
4. Place of Birth (Street and Number),	526 Lee St
5. Full Name of Mother,	Clara Schnappinger
6. Mother's Maiden Name,	" Schon
7. Mother's Birthplace,	City
8. Full Name of Father,	Aug Schnappinger
9. Father's Occupation,	barber
10. Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Bunch Ent
Address,	511 Stanton St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Aug 13th 1887
4. *Place of Birth (Street and Number),* Warren Alley
5. *Full Name of Mother,* Catharine Day
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Day
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return. Sarah Rollins

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* ~~Harrison~~ Aug. 13th 1887
4. *Place of Birth (Street and Number),* 28 Harrison st.
5. *Full Name of Mother,* Jennie Max
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Max
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-58

RETURN OF A BIRTH

96382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Finch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13 August 1887

4. *Place of Birth, (Street and Number)* 2823 Elliott st

5. *Full Name of Mother,* Ella Finch

6. *Mother's Maiden Name,* Ella Bowyer

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Roland W Finch

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Kings Co. Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Sullens

Address, 1029 Lurley st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 2 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH 96383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug 13th 1887
4. *Place of Birth, (Street and Number)* 1916 E. Balto. st
5. *Full Name of Mother,* Annie Lawson
6. *Mother's Maiden Name,* Annie Levermann
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Augustus Lawson
9. *Father's Occupation,* (Plumber & Gasfitter) Keeper of Ducking shore
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschmo

Address, 1727 E. Balto. st

Remarks,

CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-5-55

RETURN OF A BIRTH

96384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elmer S. Terrier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 13 1887
4. *Place of Birth, (Street and Number)* 8 Penna Avenue Ext.
5. *Full Name of Mother,* Lenora Terrier
6. *Mother's Maiden Name,* " Seltzer.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William R. Terrier
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Marbury & Brewer M.D.

Address, 1031 McCulloh Street

Remarks,

HEALTH DEPARTMENT SEP 1 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 13th 1887
4. *Place of Birth (Street and Number),* 1808 Frederick Avenue
5. *Full Name of Mother,* Annie S. Blum
6. *Mother's Maiden Name,* Annie S. Koehler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Blum
9. *Father's Occupation,* Restaurant Proprietor
10. *Father's Birthplace,* Catonsville

Name of Medical Attendant, or other person who makes this Return. Mrs A. D. [illegible]

Address, 217 [illegible]

Remarks, Baltimore

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 13 - 87
4. Place of Birth (Street and Number),	1634 Jefferson St
5. Full Name of Mother,	Lena. Katz
6. Mother's Maiden Name,	Lena. Cohen
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Benjamin Katz
9. Father's Occupation,	Butcher
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	913 McDonogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 14th 1887
4. *Place of Birth (Street and Number),* 318 Register St
5. *Full Name of Mother,* Annie Hall
6. *Mother's Maiden Name,* " " Bohen
7. *Mother's Birthplace,* Cob
8. *Full Name of Father,* August Hall
9. *Father's Occupation,* Ice dealer
10. *Father's Birthplace,* Cob

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Banks

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 14th
4. Place of Birth (Street and Number), 830 Bond St
5. Full Name of Mother, Marie Sima
6. Mother's Maiden Name, " " Kuziaka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Emil Sima
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 14th 1887
4. *Place of Birth, (Street and Number)* Fulton Ave near Townsend
5. *Full Name of Mother,* Leida R Wood
6. *Mother's Maiden Name,* Riggs
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles J. Wood
9. *Father's Occupation,* Stores & Steam heating
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other Person who makes this Return H. W. Owings M D

Address. 1319 Madison Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

96390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 14 1887
4. Place of Birth (Street and Number),	1230 Hull St Baltimore Md
5. Full Name of Mother,	Julia Walker. Payne
6. Mother's Maiden Name,	Julia Walker Pace
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	John. Pleasant. Payne
9. Father's Occupation,	Laborer
Father's Birthplace,	Virginia
Name of Medical Attendant, or other person who makes this Return.	Dr E W Janneys
Address,	E.W. Janney Md
Remarks,	1227. 17 Ave
	Hi Slauton

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 14th 1880

4. *Place of Birth (Street and Number),* 1622 Canton Avenue

5. *Full Name of Mother,* Maggie Henderson

6. *Mother's Maiden Name,* " " Gaskele

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Robert Henderson

9. *Father's Occupation,* Beer Keeper

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1244 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 14

4. *Place of Birth, (Street and Number)* 21 North Market Space

5. *Full Name of Mother,* Esther Spielman

6. *Mother's Maiden Name,* Esther Bernbaum

7. *Mother's Birthplace,* Poland

8. *Full Name of Father,* Jacob Spielman

9. *Father's Occupation,* Tailor

Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Daniel V Morgan MD

Address, 728 Aisquith St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE

9. City Printers and Stationers.

RETURN OF A BIRTH 96393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug. 14th 1887
4. *Place of Birth (Street and Number)* 137 Lisquith st.
5. *Full Name of Mother,* Fanny Abramson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Benjamin Abramson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

dishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Jewish

3. Date of Birth, 15 August

4. Place of Birth (Street and Number), 1st 41 Low St.

5. Full Name of Mother, Kay Goldman

6. Mother's Maiden Name, Epstein

7. Mother's Birthplace, Poland Rusia

8. Full Name of Father, Simon Goldman

9. Father's Occupation, Taylor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ullig

Address, 1302 Hollandsd

Remarks, Balto

for each offence, to be recovered as other fines and for

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	august 16 1897
4. Place of Birth (Street and Number),	canton ave near castel
5. Full Name of Mother,	gorgeann freleon
6. Mother's Maiden Name,	gorgeann obares
7. Mother's Birthplace,	baltimore city
8. Full Name of Father,	willam freleon
9. Father's Occupation,	laborer
Father's Birthplace,	baltimore city
Name of Medical Attendant, or other person who makes this Return.	Rachel a tiler
Address,	2513 canton ave
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug. 15th 1897

4. Place of Birth (Street and Number), #1413 Harford Ave

5. Full Name of Mother, Mary Mc Garry

6. Mother's Maiden Name, " Mc Manus

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas Mc Garry.

9. Father's Occupation, Conductor.

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Agnes Hillegeist

Address, #1820 A Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 96397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 15th Aug. 1887
4. Place of Birth, (Street and Number) 120 Randall St
5. Full Name of Mother, Lucy Hyson
6. Mother's Maiden Name, Lucy Berry
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Albert Hyson
9. Father's Occupation, Moulder Iron
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Caskey

Address, 213 Heath St

Remarks, Doing Well

SEP 7 1887

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 15th 1887
4. *Place of Birth (Street and Number),* 819 Watson st.
5. *Full Name of Mother,* Mary Trautman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Bernhardt Trautman
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug. 15 '97

4. *Place of Birth (Street and Number),* 417 Duncan Alley

5. *Full Name of Mother,* Anna Tomastek

6. *Mother's Maiden Name,* " " Benes

7. *Mother's Birthplace,* Bohemia

8. *Full Name of Father,* Charles Tomastek

9. *Father's Occupation,* Tailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 96400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 15th

4. *Place of Birth, (Street and Number)* 1020 Russel

5. *Full Name of Mother,* Mollie Lang

6. *Mother's Maiden Name,* Hinz

7. *Mother's Birthplace,* Salto,

8. *Full Name of Father,* George Lang

9. *Father's Occupation,* Glassblower

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbohn

Address, #18 D. Pacca st.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 15 1887
4. Place of Birth (Street and Number),	19 916 N. Broadway
5. Full Name of Mother,	Mary Miller
6. Mother's Maiden Name,	" Popp
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Miller
9. Father's Occupation,	Saloon Keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) (2nd) Second

1. *Sex ~~(state whether male or female)~~,* Female
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* Aug 16th 87
4. *Place of Birth (Street and Number),* 115 W. Lombard St
5. *Full Name of Mother,* Lena Campbell
6. *Mother's Maiden Name,* Do.
7. *Mother's Birthplace,* Var
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return. A. S. Vulto M.D.

Address, 113 E 115 W Lombard St

Remarks, City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 2 1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) 1st Child.

1. *Sex (state whether male or ~~female~~),* Male.
2. *Race or Color (if not of the white race),* Black.
3. *Date of Birth,* Aug. 16th 1884.
4. *Place of Birth (Street and Number),* 115 W. Fombord St.
5. *Full Name of Mother,* Mary Pratt
6. *Mother's Maiden Name,* Ward
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A. L. Hutton M.D

Address, 113 Md 115 W Fombord St City

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the same penalties for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	Wagner
3. *Date of Birth,*	August 16th 1887
4. *Place of Birth (Street and Number),*	Pratt st No. 1701
5. *Full Name of Mother,*	Anny Wagner
6. *Mother's Maiden Name,*	Anny Bauner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henrey Wagner
9. *Father's Occupation,*	Polcas officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 20 n 22 Wilkins Av
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 16/87.

4. *Place of Birth (Street and Number),* № 1204 Filpart St.

5. *Full Name of Mother,* Mary Ries

6. *Mother's Maiden Name,* Lampert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Ries

9. *Father's Occupation,* Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft.

Address, № 405 S. Washington St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, August 16/87

4. Place of Birth (Street and Number), No 385 Canton Ave

5. Full Name of Mother, Rosa Kappa

6. Mother's Maiden Name, — Thomas

7. Mother's Birthplace, Polen

8. Full Name of Father, Louis Kappa

9. Father's Occupation, Laborer

10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96x07

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 16

4. Place of Birth (Street and Number) E Monument St 520

5. Full Name of Mother Sarah Read

6. Mother's Maiden Name Sarah Zine

7. Mother's Birthplace Virginia

8. Full Name of Father Thomas Read

9. Father's Occupation Tailor

10. Father's Birthplace Harford County

Name of Medical Attendant, or other Person who makes this Return. Sa Shirfe M D

Address 833 Augusta St

Remarks

RETURN OF A BIRTH 96 x 08

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 16th

4. Place of Birth, (Street and Number) # 414 Scott St.

5. Full Name of Mother, Bertie Maxwell,

6. Mother's Maiden Name, Gillespie,

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Maxwell

9. Father's Occupation, Horse shoer

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N. E. Cor. Columbia & Fremont Lanes.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August the 16th 1887

4. *Place of Birth (Street and Number),* Wilkins Ave 2041

5. *Full Name of Mother,* Mary Oneal

6. *Mother's Maiden Name,* Mary Cunningham

7. *Mother's Birthplace,* Washington

8. *Full Name of Father,* Martin Oneal

9. *Father's Occupation,* Steam mor ker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant. or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 16th 1887
4. *Place of Birth (Street and Number)* 111 S. Chester St.
5. *Full Name of Mother* Alice Martin
6. *Mother's Maiden Name* Alice Stough
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* George W. Martin
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lynch

Address 14 S. Broadway

Remarks

RETURN OF A BIRTH 96411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 16th

4. *Place of Birth, (Street and Number)* 502 W. Barre

5. *Full Name of Mother,* Julietta White

6. *Mother's Maiden Name,* Dandalet

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel O. White

9. *Father's Occupation,* Baggage Master

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. L. Byddenbohm

Address, 418 S. Paca St.

Remarks,

SEP 6 1887

...or persons who shall hereafter ... for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 96412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), white race
3. Date of Birth, august the 19th
4. Place of Birth (Street and Number), Baltimore fort Av No 1103
5. Full Name of Mother, Mary Sheckels
6. Mother's Maiden Name, Hubbard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bengamon Sheckels
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elisabeth Hathorn

Address, light St No 1514

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* 17th August 1887

4. *Place of Birth, (Street and Number)* 746 S. Scharles St.

5. *Full Name of Mother,* Emily Easter

6. *Mother's Maiden Name,* Emily Hyson

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Henry Easter

9. *Father's Occupation,* Brickmaker

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. M. R. Caskey

Address, 213 Heath St

Remarks, Doing Well

Report ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 17 Aug 1882

4. *Place of Birth, (Street and Number)* Cor Chesapeake & Elder

5. *Full Name of Mother,* Mary Louise Bauer

6. *Mother's Maiden Name,* Butler

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Albert Wagner

9. *Father's Occupation,* Conductor P W & B R R

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return. E J Williams MD

Address, 2826 Elder St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 96415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	august 4th 1893
4. Place of Birth (Street and Number),	Burch St cor 1893
5. Full Name of Mother,	Charlotte allen
6. Mother's Maiden Name,	Stackels
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William allen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St No 1514
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 11th 1882

4. *Place of Birth (Street and Number),* 605 Eastern Ave

5. *Full Name of Mother,* Mary Max

6. *Mother's Maiden Name,* " " Keller

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* August Max

9. *Father's Occupation,* Wagon Driver

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Lizzie Belz

Address, 1744 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 9647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 17th 1887.

4. *Place of Birth (Street and Number),* 1018 N. Mount

5. *Full Name of Mother,* Carrie S. Brent

6. *Mother's Maiden Name,* Hunton

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Wm. H. Brent

9. *Father's Occupation,* Book Keeper

Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. J. B. Christian, M.D.

Address, 1821. Madison Ave.

Remarks,

and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 11th 1887

4. *Place of Birth (Street and Number),* 805 Lough st

5. *Full Name of Mother,* Mary Deaton

6. *Mother's Maiden Name,* " " Shriver

7. *Mother's Birthplace,* M City

8. *Full Name of Father,* William Deaton

9. *Father's Occupation,* Wagon Driver

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lucy Dr

Address, 1101 Banks st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 9649

To the Office of Registrar of Vital Statistics, Board of Health., Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* Aug. 17th 1887

4. *Place of Birth (Street and Number),* 9 Block st.

5. *Full Name of Mother,* Mary Ann Sweeney

6. *Mother's Maiden Name,* Mc Donald

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Sweeney

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Commissioner fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 17th August 1887

4. Place of Birth, (Street and Number) No 1400 Garrett Ave

5. Full Name of Mother, Ella Collins

6. Mother's Maiden Name, Dowling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Thomas Collins

9. Father's Occupation, Laborer

Father's Birthplace, Portsmouth Virginia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Zewell

Address, 516 Fort Ave

Remarks,

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* August 18/87

4. *Place of Birth, (Street and Number)* # 1704 Dorcas

5. *Full Name of Mother,* Emma J. Stout

6. *Mother's Maiden Name,* " " Hughes

7. *Mother's Birthplace,* Balt Md

8. *Full Name of Father,* Wm Stout

9. *Father's Occupation,* Clerk =

Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Address, A L Spiesshow

Remarks, 833 W Lombard Ave

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* Jewish

3. *Date of Birth,* 18 August

4. *Place of Birth (Street and Number),* 55 Orleans st

5. *Full Name of Mother,* Lina Goldsmith

6. *Mother's Maiden Name,* Fuld

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Joseph Goldsmith

9. *Father's Occupation,* Clerk

Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs. Rose Ullz

Address, 1302 Hollandst

Remarks, Balto.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* August 18th 1897

4. *Place of Birth (Street and Number),* 1118 E Lombard st.

5. *Full Name of Mother,* Dora Scotty

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis Scotty

9. *Father's Occupation,* Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 16
4. Place of Birth (Street and Number),	1425 N. Castle St
5. Full Name of Mother,	Frances Komenda
6. Mother's Maiden Name,	" Humpal
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	Frank Komenda
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	1621 Barney St
Remarks,	

who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 18. 1887

4. *Place of Birth, (Street and Number)* 421 W. Biddle

5. *Full Name of Mother,* Mary E. Gluesner

6. *Mother's Maiden Name,* " McFee

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Hamilton Gluesner

9. *Father's Occupation,* Stone-cutter

10. *Father's Birthplace,* York, Pa.

Name of Medical Attendant, or other Person who makes this Return. A. Edward Janney M.D.

Address, 832 N. Eutaw St.

Remarks,

SEP 2 1887 DEPARTMENT OF HEALTH BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First.

1. Sex (state whether ~~male~~ or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Aug. 18th 1887.
4. Place of Birth (Street and Number), 115 W. Lombard St.
5. Full Name of Mother, Jennie Kirks.
6. Mother's Maiden Name, Do.
7. Mother's Birthplace, Maryland.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. N. L. Hutt M.D.

Address, 113 3/4 115 W. Lombard St City

Remarks,

the Commissioner of Health, in the manner and wrong the provisions of this section shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 17/87

4. *Place of Birth, (Street and Number)* 610 E Lombard St

5. *Full Name of Mother,* Lena Notkin

6. *Mother's Maiden Name,* Lena Lazers

7. *Mother's Birthplace,* Russa

8. *Full Name of Father,* Mickel Notkin

9. *Father's Occupation,* Cigarette Maker

Father's Birthplace, Russa.

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 301 Sharp St

Remarks,

...or persons who shall hereafter fail to comply with this Return, are recoverable for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 96428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, August 18th 1887
4. Place of Birth (Street and Number), 14 Pine st.
5. Full Name of Mother, Goldie Kohn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Tobias Kohn
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-17-55

RETURN OF A BIRTH

96429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Margaret Fannie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), White
3. Date of Birth, 18 August - 1887
4. Place of Birth (Street and Number), 309 Lawson Ave
5. Full Name of Mother, ~~Anna Freomer~~, Weinrich
6. Mother's Maiden Name, Anna Freomer
7. Mother's Birthplace, Oesterreich Handsdorf
8. Full Name of Father, Albert Weinrich
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Oesterreich Grossmauro

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Dunler

Address, 217 N. Sirouder St

Remarks, Baltimore

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 18th Aug.
4. *Place of Birth (Street and Number),* 1024 Hollins St
5. *Full Name of Mother,* Lizzie M. Wieckman
6. *Mother's Maiden Name,* " " Blair
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Charles F. Wieckman
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return. Mrs Humler

Address, 219 N. Scroder St

Remarks, Baltimore

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96431

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Aug 19th 1887
4. *Place of Birth (Street and Number)* 1622 N Calvert st
5. *Full Name of Mother* Lilian Mahood
6. *Mother's Maiden Name* " B. Whitlock
7. *Mother's Birthplace* Balti City
8. *Full Name of Father* James Mahood
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balti Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James H Stevens

Address 611 Park ave

Remarks 6 hours - natural -

of the parents, and the maiden name of the mother

RETURN OF A BIRTH 96432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August the 17th 87
4. Place of Birth (Street and Number),	No Henry st No 1634
5. Full Name of Mother,	Mary A Stahl
6. Mother's Maiden Name,	Mary A Gories
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Harvey J Stahl
9. Father's Occupation,	Painter
10. Father's Birthplace,	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelly
Address,	No 2027 Wilkins Ave
Remarks,	

the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

o. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether male or female), Female.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Aug 19th 1887.

4. Place of Birth (Street and Number), 115 W. Lombard St.

5. Full Name of Mother, Lenie Mable

6. Mother's Maiden Name, Do.

7. Mother's Birthplace, Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. L. Hutto M.D.

Address, 113 W 115 W. Lombard St. City.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	Second
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	August 19-87
4. *Place of Birth (Street and Number),*	207 S Exeter St
5. *Full Name of Mother,*	Kate L. Flynn.
6. *Mother's Maiden Name,*	" " Callan
7. *Mother's Birthplace,*	Georgetown D. C.
8. *Full Name of Father,*	Michael F. Flynn
9. *Father's Occupation,*	Trunk maker
10. *Father's Birthplace,*	Georgetown D. C.
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

within the period above required, and any such person or persons
the Commissioner of Health. In the manner and with
who shall hereafter fail to comply with the provisions
for each offence, to be recovered as other fines and for

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* August 19th 1887
4. *Place of Birth (Street and Number),* 225 - High st.
5. *Full Name of Mother,* Josephine Schmuff
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Schmuff
9. *Father's Occupation,* Produce - dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 22 S. Exeter Str

Remarks,

Mother, Illegitimate Children, &c. Every Physician, Midwife, Undertaker, Sexton, Clergyman, Minister, Magistrate, Coroner, Trustee, Manager, Superintendent, Overseer, Master, Mistress, Nurse, Keeper, Owner, Agent, Lessee, Occupant, Proprietor, Steward, Matron, Janitor, Janitress, Engineer, Fireman, Boarding House Keeper, Hotel Keeper, Tavern Keeper, Saloon Keeper, Restaurant Keeper, Lodging House Keeper, Boarding House Runner, Hotel Runner, Tavern Runner, Saloon Runner, Restaurant Runner, Lodging House Runner, Boarding House Clerk, Hotel Clerk, Tavern Clerk, Saloon Clerk, Restaurant Clerk, Lodging House Clerk, Boarding House Waiter, Hotel Waiter, Tavern Waiter, Saloon Waiter, Restaurant Waiter, Lodging House Waiter, Boarding House Waitress, Hotel Waitress, Tavern Waitress, Saloon Waitress, Restaurant Waitress, Lodging House Waitress, Boarding House Porter, Hotel Porter, Tavern Porter, Saloon Porter, Restaurant Porter, Lodging House Porter, Boarding House Chambermaid, Hotel Chambermaid, Tavern Chambermaid, Saloon Chambermaid, Restaurant Chambermaid, Lodging House Chambermaid, Boarding House Cook, Hotel Cook, Tavern Cook, Saloon Cook, Restaurant Cook, Lodging House Cook, Boarding House Dishwasher, Hotel Dishwasher, Tavern Dishwasher, Saloon Dishwasher, Restaurant Dishwasher, Lodging House Dishwasher, Boarding House Laundress, Hotel Laundress, Tavern Laundress, Saloon Laundress, Restaurant Laundress, Lodging House Laundress, Boarding House Housekeeper, Hotel Housekeeper, Tavern Housekeeper, Saloon Housekeeper, Restaurant Housekeeper, Lodging House Housekeeper, Boarding House Janitor, Hotel Janitor, Tavern Janitor, Saloon Janitor, Restaurant Janitor, Lodging House Janitor, Boarding House Janitress, Hotel Janitress, Tavern Janitress, Saloon Janitress, Restaurant Janitress, Lodging House Janitress, Boarding House Engineer, Hotel Engineer, Tavern Engineer, Saloon Engineer, Restaurant Engineer, Lodging House Engineer, Boarding House Fireman, Hotel Fireman, Tavern Fireman, Saloon Fireman, Restaurant Fireman, Lodging House Fireman, Boarding House Boarding House Keeper, Hotel Hotel Keeper, Tavern Tavern Keeper, Saloon Saloon Keeper, Restaurant Restaurant Keeper, Lodging House Lodging House Keeper, Boarding House Boarding House Runner, Hotel Hotel Runner, Tavern Tavern Runner, Saloon Saloon Runner, Restaurant Restaurant Runner, Lodging House Lodging House Runner, Boarding House Boarding House Clerk, Hotel Hotel Clerk, Tavern Tavern Clerk, Saloon Saloon Clerk, Restaurant Restaurant Clerk, Lodging House Lodging House Clerk, Boarding House Boarding House Waiter, Hotel Hotel Waiter, Tavern Tavern Waiter, Saloon Saloon Waiter, Restaurant Restaurant Waiter, Lodging House Lodging House Waiter, Boarding House Boarding House Waitress, Hotel Hotel Waitress, Tavern Tavern Waitress, Saloon Saloon Waitress, Restaurant Restaurant Waitress, Lodging House Lodging House Waitress, Boarding House Boarding House Porter, Hotel Hotel Porter, Tavern Tavern Porter, Saloon Saloon Porter, Restaurant Restaurant Porter, Lodging House Lodging House Porter, Boarding House Boarding House Chambermaid, Hotel Hotel Chambermaid, Tavern Tavern Chambermaid, Saloon Saloon Chambermaid, Restaurant Restaurant Chambermaid, Lodging House Lodging House Chambermaid, Boarding House Boarding House Cook, Hotel Hotel Cook, Tavern Tavern Cook, Saloon Saloon Cook, Restaurant Restaurant Cook, Lodging House Lodging House Cook, Boarding House Boarding House Dishwasher, Hotel Hotel Dishwasher, Tavern Tavern Dishwasher, Saloon Saloon Dishwasher, Restaurant Restaurant Dishwasher, Lodging House Lodging House Dishwasher, Boarding House Boarding House Laundress, Hotel Hotel Laundress, Tavern Tavern Laundress, Saloon Saloon Laundress, Restaurant Restaurant Laundress, Lodging House Lodging House Laundress, Boarding House Boarding House Housekeeper, Hotel Hotel Housekeeper, Tavern Tavern Housekeeper, Saloon Saloon Housekeeper, Restaurant Restaurant Housekeeper, Lodging House Lodging House Housekeeper, Boarding House Boarding House Janitor, Hotel Hotel Janitor, Tavern Tavern Janitor, Saloon Saloon Janitor, Restaurant Restaurant Janitor, Lodging House Lodging House Janitor, Boarding House Boarding House Janitress, Hotel Hotel Janitress, Tavern Tavern Janitress, Saloon Saloon Janitress, Restaurant Restaurant Janitress, Lodging House Lodging House Janitress, Boarding House Boarding House Engineer, Hotel Hotel Engineer, Tavern Tavern Engineer, Saloon Saloon Engineer, Restaurant Restaurant Engineer, Lodging House Lodging House Engineer, Boarding House Boarding House Fireman, Hotel Hotel Fireman, Tavern Tavern Fireman, Saloon Saloon Fireman, Restaurant Restaurant Fireman, Lodging House Lodging House Fireman, Boarding House Boarding House Boarding House Keeper, Hotel Hotel Hotel Keeper, Tavern Tavern Tavern Keeper, Saloon Saloon Saloon Keeper, Restaurant Restaurant Restaurant Keeper, Lodging House Lodging House Lodging House Keeper, Boarding House Boarding House Boarding House Runner, Hotel Hotel Hotel Runner, Tavern Tavern Tavern Runner, Saloon Saloon Saloon Runner, Restaurant Restaurant Restaurant Runner, Lodging House Lodging House Lodging House Runner, Boarding House Boarding House Boarding House Clerk, Hotel Hotel Hotel Clerk, Tavern Tavern Tavern Clerk, Saloon Saloon Saloon Clerk, Restaurant Restaurant Restaurant Clerk, Lodging House Lodging House Lodging House Clerk, Boarding House Boarding House Boarding House Waiter, Hotel Hotel Hotel Waiter, Tavern Tavern Tavern Waiter, Saloon Saloon Saloon Waiter, Restaurant Restaurant Restaurant Waiter, Lodging House Lodging House Lodging House Waiter, Boarding House Boarding House Boarding House Waitress, Hotel Hotel Hotel Waitress, Tavern Tavern Tavern Waitress, Saloon Saloon Saloon Waitress, Restaurant Restaurant Restaurant Waitress, Lodging House Lodging House Lodging House Waitress, Boarding House Boarding House Boarding House Porter, Hotel Hotel Hotel Porter, Tavern Tavern Tavern Porter, Saloon Saloon Saloon Porter, Restaurant Restaurant Restaurant Porter, Lodging House Lodging House Lodging House Porter, Boarding House Boarding House Boarding House Chambermaid, Hotel Hotel Hotel Chambermaid, Tavern Tavern Tavern Chambermaid, Saloon Saloon Saloon Chambermaid, Restaurant Restaurant Restaurant Chambermaid, Lodging House Lodging House Lodging House Chambermaid, Boarding House Boarding House Boarding House Cook, Hotel Hotel Hotel Cook, Tavern Tavern Tavern Cook, Saloon Saloon Saloon Cook, Restaurant Restaurant Restaurant Cook, Lodging House Lodging House Lodging House Cook, Boarding House Boarding House Boarding House Dishwasher, Hotel Hotel Hotel Dishwasher, Tavern Tavern Tavern Dishwasher, Saloon Saloon Saloon Dishwasher, Restaurant Restaurant Restaurant Dishwasher, Lodging House Lodging House Lodging House Dishwasher, Boarding House Boarding House Boarding House Laundress, Hotel Hotel Hotel Laundress, Tavern Tavern Tavern Laundress, Saloon Saloon Saloon Laundress, Restaurant Restaurant Restaurant Laundress, Lodging House Lodging House Lodging House Laundress, Boarding House Boarding House Boarding House Housekeeper, Hotel Hotel Hotel Housekeeper, Tavern Tavern Tavern Housekeeper, Saloon Saloon Saloon Housekeeper, Restaurant Restaurant Restaurant Housekeeper, Lodging House Lodging House Lodging House Housekeeper, Boarding House Boarding House Boarding House Janitor, Hotel Hotel Hotel Janitor, Tavern Tavern Tavern Janitor, Saloon Saloon Saloon Janitor, Restaurant Restaurant Restaurant Janitor, Lodging House Lodging House Lodging House Janitor, Boarding House Boarding House Boarding House Janitress, Hotel Hotel Hotel Janitress, Tavern Tavern Tavern Janitress, Saloon Saloon Saloon Janitress, Restaurant Restaurant Restaurant Janitress, Lodging House Lodging House Lodging House Janitress, Boarding House Boarding House Boarding House Engineer, Hotel Hotel Hotel Engineer, Tavern Tavern Tavern Engineer, Saloon Saloon Saloon Engineer, Restaurant Restaurant Restaurant Engineer, Lodging House Lodging House Lodging House Engineer, Boarding House Boarding House Boarding House Fireman, Hotel Hotel Hotel Fireman, Tavern Tavern Tavern Fireman, Saloon Saloon Saloon Fireman, Restaurant Restaurant Restaurant Fireman, Lodging House Lodging House Lodging House Fireman, Boarding House Boarding House Boarding House Boarding House Keeper, Hotel Hotel Hotel Hotel Keeper, Tavern Tavern Tavern Tavern Keeper, Saloon Saloon Saloon Saloon Keeper, Restaurant Restaurant Restaurant Restaurant Keeper, Lodging House Lodging House Lodging House Lodging House Keeper, Boarding House Boarding House Boarding House Boarding House Runner, Hotel Hotel Hotel Hotel Runner, Tavern Tavern Tavern Tavern Runner, Saloon Saloon Saloon Saloon Runner, Restaurant Restaurant Restaurant Restaurant Runner, Lodging House Lodging House Lodging House Lodging House Runner, Boarding House Boarding House Boarding House Boarding House Clerk, Hotel Hotel Hotel Hotel Clerk, Tavern Tavern Tavern Tavern Clerk, Saloon Saloon Saloon Saloon Clerk, Restaurant Restaurant Restaurant Restaurant Clerk, Lodging House Lodging House Lodging House Lodging House Clerk, Boarding House Boarding House Boarding House Boarding House Waiter, Hotel Hotel Hotel Hotel Waiter, Tavern Tavern Tavern Tavern Waiter, Saloon Saloon Saloon Saloon Waiter, Restaurant Restaurant Restaurant Restaurant Waiter, Lodging House Lodging House Lodging House Lodging House Waiter, Boarding House Boarding House Boarding House Boarding House Waitress, Hotel Hotel Hotel Hotel Waitress, Tavern Tavern Tavern Tavern Waitress, Saloon Saloon Saloon Saloon Waitress, Restaurant Restaurant Restaurant Restaurant Waitress, Lodging House Lodging House Lodging House Lodging House Waitress, Boarding House Boarding House Boarding House Boarding House Porter, Hotel Hotel Hotel Hotel Porter, Tavern Tavern Tavern Tavern Porter, Saloon Saloon Saloon Saloon Porter, Restaurant Restaurant Restaurant Restaurant Porter, Lodging House Lodging House Lodging House Lodging House Porter, Boarding House Boarding House Boarding House Boarding House Chambermaid, Hotel Hotel Hotel Hotel Chambermaid, Tavern Tavern Tavern Tavern Chambermaid, Saloon Saloon Saloon Saloon Chambermaid, Restaurant Restaurant Restaurant Restaurant Chambermaid, Lodging House Lodging House Lodging House Lodging House Chambermaid, Boarding House Boarding House Boarding House Boarding House Cook, Hotel Hotel Hotel Hotel Cook, Tavern Tavern Tavern Tavern Cook, Saloon Saloon Saloon Saloon Cook, Restaurant Restaurant Restaurant Restaurant Cook, Lodging House Lodging House Lodging House Lodging House Cook, Boarding House Boarding House Boarding House Boarding House Dishwasher, Hotel Hotel Hotel Hotel Dishwasher, Tavern Tavern Tavern Tavern Dishwasher, Saloon Saloon Saloon Saloon Dishwasher, Restaurant Restaurant Restaurant Restaurant Dishwasher, Lodging House Lodging House Lodging House Lodging House Dishwasher, Boarding House Boarding House Boarding House Boarding House Laundress, Hotel Hotel Hotel Hotel Laundress, Tavern Tavern Tavern Tavern Laundress, Saloon Saloon Saloon Saloon Laundress, Restaurant Restaurant Restaurant Restaurant Laundress, Lodging House Lodging House Lodging House Lodging House Laundress, Boarding House Boarding House Boarding House Boarding House Housekeeper, Hotel Hotel Hotel Hotel Housekeeper, Tavern Tavern Tavern Tavern Housekeeper, Saloon Saloon Saloon Saloon Housekeeper, Restaurant Restaurant Restaurant Restaurant Housekeeper, Lodging House Lodging House Lodging House Lodging House Housekeeper, Boarding House Boarding House Boarding House Boarding House Janitor, Hotel Hotel Hotel Hotel Janitor, Tavern Tavern Tavern Tavern Janitor, Saloon Saloon Saloon Saloon Janitor, Restaurant Restaurant Restaurant Restaurant Janitor, Lodging House Lodging House Lodging House Lodging House Janitor, Boarding House Boarding House Boarding House Boarding House Janitress, Hotel Hotel Hotel Hotel Janitress, Tavern Tavern Tavern Tavern Janitress, Saloon Saloon Saloon Saloon Janitress, Restaurant Restaurant Restaurant Restaurant Janitress, Lodging House Lodging House Lodging House Lodging House Janitress, Boarding House Boarding House Boarding House Boarding House Engineer, Hotel Hotel Hotel Hotel Engineer, Tavern Tavern Tavern Tavern Engineer, Saloon Saloon Saloon Saloon Engineer, Restaurant Restaurant Restaurant Restaurant Engineer, Lodging House Lodging House Lodging House Lodging House Engineer, Boarding House Boarding House Boarding House Boarding House Fireman, Hotel Hotel Hotel Hotel Fireman, Tavern Tavern Tavern Tavern Fireman, Saloon Saloon Saloon Saloon Fireman, Restaurant Restaurant Restaurant Restaurant Fireman, Lodging House Lodging House Lodging House Lodging House Fireman, Boarding House Boarding House Boarding House Boarding House Boarding House Keeper, Hotel Hotel Hotel Hotel Hotel Keeper, Tavern Tavern Tavern Tavern Tavern Keeper, Saloon Saloon Saloon Saloon Saloon Keeper, Restaurant Restaurant Restaurant Restaurant Restaurant Keeper, Lodging House Lodging House Lodging House Lodging House Lodging House Keeper, Boarding House Boarding House Boarding House Boarding House Boarding House Runner, Hotel Hotel Hotel Hotel Hotel Runner, Tavern Tavern Tavern Tavern Tavern Runner, Saloon Saloon Saloon Saloon Saloon Runner, Restaurant Restaurant Restaurant Restaurant Restaurant Runner, Lodging House Lodging House Lodging House Lodging House Lodging House Runner, Boarding House Boarding House Boarding House Boarding House Boarding House Clerk, Hotel Hotel Hotel Hotel Hotel Clerk, Tavern Tavern Tavern Tavern Tavern Clerk, Saloon Saloon Saloon Saloon Saloon Clerk, Restaurant Restaurant Restaurant Restaurant Restaurant Clerk, Lodging House Lodging House Lodging House Lodging House Lodging House Clerk, Boarding House Boarding House Boarding House Boarding House Boarding House Waiter, Hotel Hotel Hotel Hotel Hotel Waiter, Tavern Tavern Tavern Tavern Tavern Waiter, Saloon Saloon Saloon Saloon Saloon Waiter, Restaurant Restaurant Restaurant Restaurant Restaurant Waiter, Lodging House Lodging House Lodging House Lodging House Lodging House Waiter, Boarding House Boarding House Boarding House Boarding House Boarding House Waitress, Hotel Hotel Hotel Hotel Hotel Waitress, Tavern Tavern Tavern Tavern Tavern Waitress, Saloon Saloon Saloon Saloon Saloon Waitress, Restaurant Restaurant Restaurant Restaurant Restaurant Waitress, Lodging House Lodging House Lodging House Lodging House Lodging House Waitress, Boarding House Boarding House Boarding House Boarding House Boarding House Porter, Hotel Hotel Hotel Hotel Hotel Porter, Tavern Tavern Tavern Tavern Tavern Porter, Saloon Saloon Saloon Saloon Saloon Porter, Restaurant Restaurant Restaurant Restaurant Restaurant Porter, Lodging House Lodging House Lodging House Lodging House Lodging House Porter, Boarding House Boarding House Boarding House Boarding House Boarding House Chambermaid, Hotel Hotel Hotel Hotel Hotel Chambermaid, Tavern Tavern Tavern Tavern Tavern Chambermaid, Saloon Saloon Saloon Saloon Saloon Chambermaid, Restaurant Restaurant Restaurant Restaurant Restaurant Chambermaid, Lodging House Lodging House Lodging House Lodging House Lodging House Chambermaid, Boarding House Boarding House Boarding House Boarding House Boarding House Cook, Hotel Hotel Hotel Hotel Hotel Cook, Tavern Tavern Tavern Tavern Tavern Cook, Saloon Saloon Saloon Saloon Saloon Cook, Restaurant Restaurant Restaurant Restaurant Restaurant Cook, Lodging House Lodging House Lodging House Lodging House Lodging House Cook, Boarding House Boarding House Boarding House Boarding House Boarding House Dishwasher, Hotel Hotel Hotel Hotel Hotel Dishwasher, Tavern Tavern Tavern Tavern Tavern Dishwasher, Saloon Saloon Saloon Saloon Saloon Dishwasher, Restaurant Restaurant Restaurant Restaurant Restaurant Dishwasher, Lodging House Lodging House Lodging House Lodging House Lodging House Dishwasher, Boarding House Boarding House Boarding House Boarding House Boarding House Laundress, Hotel Hotel Hotel Hotel Hotel Laundress, Tavern Tavern Tavern Tavern Tavern Laundress, Saloon Saloon Saloon Saloon Saloon Laundress, Restaurant Restaurant Restaurant Restaurant Restaurant Laundress, Lodging House Lodging House Lodging House Lodging House Lodging House Laundress, Boarding House Boarding House Boarding House Boarding House Boarding House Housekeeper, Hotel Hotel Hotel Hotel Hotel Housekeeper, Tavern Tavern Tavern Tavern Tavern Housekeeper, Saloon Saloon Saloon Saloon Saloon Housekeeper, Restaurant Restaurant Restaurant Restaurant Restaurant Housekeeper, Lodging House Lodging House Lodging House Lodging House Lodging House Housekeeper, Boarding House Boarding House Boarding House Boarding House Boarding House Janitor, Hotel Hotel Hotel Hotel Hotel Janitor, Tavern Tavern Tavern Tavern Tavern Janitor, Saloon Saloon Saloon Saloon Saloon Janitor, Restaurant Restaurant Restaurant Restaurant Restaurant Janitor, Lodging House Lodging House Lodging House Lodging House Lodging House Janitor, Boarding House Boarding House Boarding House Boarding House Boarding House Janitress, Hotel Hotel Hotel Hotel Hotel Janitress, Tavern Tavern Tavern Tavern Tavern Janitress, Saloon Saloon Saloon Saloon Saloon Janitress, Restaurant Restaurant Restaurant Restaurant Restaurant Janitress, Lodging House Lodging House Lodging House Lodging House Lodging House Janitress, Boarding House Boarding House Boarding House Boarding House Boarding House Engineer, Hotel Hotel Hotel Hotel Hotel Engineer, Tavern Tavern Tavern Tavern Tavern Engineer, Saloon Saloon Saloon Saloon Saloon Engineer, Restaurant Restaurant Restaurant Restaurant Restaurant Engineer, Lodging House Lodging House Lodging House Lodging House Lodging House Engineer, Boarding House Boarding House Boarding House Boarding House Boarding House Fireman, Hotel Hotel Hotel Hotel Hotel Fireman, Tavern Tavern Tavern Tavern Tavern Fireman, Saloon Saloon Saloon Saloon Saloon Fireman, Restaurant Restaurant Restaurant Restaurant Restaurant Fireman, Lodging House Lodging House Lodging House Lodging House Lodging House Fireman, Boarding House Boarding House Boarding House Boarding House Boarding House

the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Aug. 19 – 1887
4. *Place of Birth (Street and Number),* 1100 E Fayette St.
5. *Full Name of Mother,* Mary ~~Reily~~ Mitchell
6. *Mother's Maiden Name,* Reily
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Dennis Mitchell
9. *Father's Occupation,* Saloon-Keeper
10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Fem.
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug. 19th 1887.
4. Place of Birth, (Street and Number) 624 W. Lee St.
5. Full Name of Mother, Addie McConnell.
6. Mother's Maiden Name, " Dare.
7. Mother's Birthplace, Balto. City
8. Full Name of Father, James McConnell.
9. Father's Occupation, Turner.
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 5248 Harp St.

Remarks,

SEP 6 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ninth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th Aug 1884
4. *Place of Birth, (Street and Number)*	909 Potomac
5. *Full Name of Mother,*	Emma June
6. *Mother's Maiden Name,*	Shrunk
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	James A Dayton
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	E J Millemon M.D.
Address,	2026 Eleanor St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* Jewish

3. *Date of Birth,* 20 August

4. *Place of Birth (Street and Number),* 126 N. Central ave

5. *Full Name of Mother,* Hanah Hormuse

6. *Mother's Maiden Name,* " Hartfeld.

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* Sigmund Wurmser

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Hollander

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August the 20 1887
4. *Place of Birth (Street and Number),* Baltimore st No 1431
5. *Full Name of Mother,* Mary B nurtiny
6. *Mother's Maiden Name,* Mary R mahand
7. *Mother's Birthplace,* Virginnia
8. *Full Name of Father,* James nurtiny
9. *Father's Occupation,* Candy maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelly

Address, No 2022 Wilkins Av

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 20 – 87
4. Place of Birth (Street and Number),	934 N Washington St
5. Full Name of Mother,	Florence Mace
6. Mother's Maiden Name,	" Allen
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Filmore Mace
9. Father's Occupation,	Varnisher
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of not less than ... for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 20th 1887
4. *Place of Birth (Street and Number),* Colvin Place
5. *Full Name of Mother,* Kate Boller
6. *Mother's Maiden Name,* " Witzel
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Boller
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Lena Hillegust

Address, #826 Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 20 1897

4. *Place of Birth, (Street and Number)* 10 S. Arran St.

5. *Full Name of Mother,* Mary Krolee

6. *Mother's Maiden Name,* Markel

7. *Mother's Birthplace,* Balto. Co.

8. *Full Name of Father,* William Charles Krolee

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. E. F. Irons M.D.

Address, 1835 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH. 96xxx

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male ~~or Female~~)* Mail
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 20
4. *Place of Birth (Street and Number)* 333 East Chase St
5. *Full Name of Mother* Luse Wells
6. *Mother's Maiden Name* Luse Lowe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Zacrius Wells
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. J A Shultz

Address 833 Aisquith St

Remarks

RETURN OF A BIRTH 96445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 26th 1887
4. *Place of Birth (Street and Number),* 10 register st
5. *Full Name of Mother,* Cathern Carpenter
6. *Mother's Maiden Name,* " " Slonie
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Fredrick Carpenter
9. *Father's Occupation,* Dierer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1844 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96xx6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, August 20th 1887

4. Place of Birth (Street and Number), 1141 Low st.

5. Full Name of Mother, Mary Jacobs

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Morris Jacobs

9. Father's Occupation, Butcher

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Aug. 20th 1887

4. Place of Birth (Street and Number), 225 Prudent et.

5. Full Name of Mother, Minnie Kane

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Kane

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter et.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

Over 96 x 48

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick Harmony

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 20th 87

4. *Place of Birth, (Street and Number)* #455 Pinkney Place

5. *Full Name of Mother,* Jean Harmony

6. *Mother's Maiden Name,* Jean Satten

7. *Mother's Birthplace,* Zierenberg Germany

8. *Full Name of Father,* Charles Harmony

9. *Father's Occupation,* Shoe Maker

Father's Birthplace, Odelsheim Germany

Name of Medical Attendant, or other Person who makes this Return. Geo L. Staley M.D.

Address, Cor Calvert & Lanvale Sts

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 96449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Confinement Twins

Sex, (state whether male or female) Male & Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 20th 87

4. *Place of Birth, (Street and Number)* #446 Pinkney Place

5. *Full Name of Mother,* Jane Burslem

6. *Mother's Maiden Name,* Jane Jordan

7. *Mother's Birthplace,* Manchester England

8. *Full Name of Father,* Wm Burslem

9. *Father's Occupation,* Stone-cutter

Father's Birthplace, Manchester Eng.

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. S. Staley

Address, Cor. Calvert & Lanvale Sts

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 6 1888 BALTIMORE, MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96x50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August the 21. 1887
4. Place of Birth (Street and Number),	Vincent st No 21
5. Full Name of Mother,	Mary Paulen
6. Mother's Maiden Name,	Mary Fitzgerald
7. Mother's Birthplace,	ireland
8. Full Name of Father,	John Paulen
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	ireland
Name of Medical Attendant. or other person who makes this Return.	Mrs S Kelley
Address, [redacted]	No 20 22 Wilkins Av
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male-
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 21, 1887
4. *Place of Birth, (Street and Number)* 916 Tyson St-
5. *Full Name of Mother,* Margaret Rodemyer-
6. *Mother's Maiden Name,* " Owens-
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John E. Rodemyer
9. *Father's Occupation,* Porter.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. C. Edward Janney, M.D.

Address, 832 N. Eutaw St-

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 22 1888 BALTIMORE, MD

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 96452

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of such child or children

of the parents, and the maiden name of the mother of

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1~~ Second Twins

1. Sex (state whether Male or Female) Male and Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 21st 1887

4. Place of Birth (Street and Number) 2030 Keyser St.

5. Full Name of Mother Elizabeth Norfolk

6. Mother's Maiden Name Elizabeth Purnell

7. Mother's Birthplace Baltimore

8. Full Name of Father Isaac H. Norfolk

9. Father's Occupation Brick Layer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. G. Walton

Address 1301 N. Central Ave.

Remarks Twins one vertex presentation and one Breech.

RETURN OF A BIRTH 96453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, 21 August

4. Place of Birth (Street and Number), 161 Port Alley

5. Full Name of Mother, Mary Michelman

6. Mother's Maiden Name, Linz

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Michelman

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs G Weiss.

Address, 2524 Lancaster St

Remarks, Canton.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Aug Tue 21
4. Place of Birth (Street and Number), 827 Linton Ave
5. Full Name of Mother, Annie R. Fredricks
6. Mother's Maiden Name, Annie R Kidout
7. Mother's Birthplace, Fredrick co Md
8. Full Name of Father, Eligah Fredricks
9. Father's Occupation, Water
10. Father's Birthplace, Fredrick county Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anne Johson

Address, 710 Tyson st city

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug 21st 1887
4. Place of Birth, (Street and Number)	1534 Hanover st
5. Full Name of Mother,	Emma Williams
6. Mother's Maiden Name,	Emma Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Jos. E. Williams
9. Father's Occupation,	Mechanic
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble, M.D.
Address,	301 Warren ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96 & 56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 21th 1887

4. *Place of Birth (Street and Number),* 120 Bond St

5. *Full Name of Mother,* Louise Witzgaht

6. *Mother's Maiden Name,* " " Noir.

7. *Mother's Birthplace,* Ste City

8. *Full Name of Father,* Christian Witzgaht

9. *Father's Occupation,* ~~Chris~~ Witzgaht Store Keeper

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1441 Bank St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 96457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21st 1887
4. Place of Birth, (Street and Number) 78 S Fremont St
5. Full Name of Mother, M R Shagogue
6. Mother's Maiden Name, M R Humrichouse
7. Mother's Birthplace, Carroll co Md
8. Full Name of Father, Al M Shagogue
9. Father's Occupation, Dentist
10. Father's Birthplace, r New York

Name of Medical Attendant, or other Person who makes this Return. Geo R Graberer MD

Address,

Remarks,

...TIMORE, MD.

RETURN OF A BIRTH 96458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Aug 21st 1887
4. Place of Birth (Street and Number),	1124 Wilmore Ave
5. Full Name of Mother,	Mary E Grandison
6. Mother's Maiden Name,	— Carter
7. Mother's Birthplace,	Balto. md
8. Full Name of Father,	Chas - H. Grandison
9. Father's Occupation,	Porter
Father's Birthplace,	Balto md
Name of Medical Attendant, or other person who makes this Return.	Hester Cotance
Address,	509 Preston st
Remarks,	

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 21st August

4. Place of Birth (Street and Number), No 813 Scott Street

5. Full Name of Mother, Mrs Nagle

6. Mother's Maiden Name, Miss Maggie Beck[illegible]

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr Jacob Nagel

9. Father's Occupation, Paver

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	21st August 1884
4. Place of Birth, (Street and Number)	№ 301 Cross St
5. Full Name of Mother,	Alice Jones Davis
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Charles Jones
9. Father's Occupation,	
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Gerwell
Address,	516 Bont Ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 21

4. Place of Birth, (Street and Number) 237 S. Broadway

5. Full Name of Mother, Maria Virginia Cromwell

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Cromwell

9. Father's Occupation, Shipdealer

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. T. Brown M.D.

Address, 1835 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Name. Raymond Earle Cooper

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 21

4. *Place of Birth, (Street and Number)* 2110 Fair Mount Ave.

5. *Full Name of Mother,* Clara May Cooper

6. *Mother's Maiden Name,* Cline

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Isaac Morris Cooper

9. *Father's Occupation,* Carpenter

. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. E. P. Bruns M.D.

Address, 1835 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white Race
3. Date of Birth, August 22 1887
4. Place of Birth (Street and Number), Baltimore md odonell st 2720
5. Full Name of Mother, Kate Thomas
6. Mother's Maiden Name, Kate Kelly
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Henry Thomas
9. Father's Occupation, laboring work
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Mrs. Pauline Liersemann

Address, 1225 Hare Street.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 22nd 1887.
4. *Place of Birth (Street and Number),* Baltimore city 1405 Washington Ave.
5. *Full Name of Mother,* Mrs Mary Louis Miser
6. *Mother's Maiden Name,* Miss Mary Louis Dulker.
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Mr John Miser
9. *Father's Occupation,* Carter.
10. *Father's Birthplace,* Fredrick city.

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer.

Address, 1139 Ridgley st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96x65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22/87
4. Place of Birth, (Street and Number) 120 N. Green St
5. Full Name of Mother, Jennie Bleiweiss
6. Mother's Maiden Name, Jennie Harberman
7. Mother's Birthplace, Europe
8. Full Name of Father, Joe Bleiweiss
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Alex R Goldsmith

Address, 30 Shaft St

Remarks,

SEP 1 1887

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, August 22nd 87
4. Place of Birth (Street and Number), 28 South Mount Street
5. Full Name of Mother,
6. Mother's Maiden Name, P. Susiana Hummel
7. Mother's Birthplace, Corner Baltimore & Mount St
8. Full Name of Father, Alance Kaiser
9. Father's Occupation, Machinist
10. Father's Birthplace, Treventeri P. O.

Name of Medical Attendant, or other person who makes this Return. Madam Miss Dumler

Address, 217 N. Schroeder St Baltimore

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) Third

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White
3. Date of Birth, 22nd day of August
4. Place of Birth (Street and Number), 714 Franklin St.
5. Full Name of Mother, Otillia Margaret Isnhoff.
6. Mother's Maiden Name, Otillia Margaret Schnäpp
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Leonard Isnhoff.
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs E. Seebach

Address, 735 W. Pratt street

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1887

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 22th 1887

4. *Place of Birth (Street and Number),* 236 Lambeth st

5. *Full Name of Mother,* Anne Bocket

6. *Mother's Maiden Name,* " " Dallewsky

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Fritz Bocket

9. *Father's Occupation,* Laborer

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lucy Dietz

Address, 1 [illegible] Bank st

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 22-87
4. Place of Birth (Street and Number),	423 N Chester St
5. Full Name of Mother,	Belle Joynes
6. Mother's Maiden Name,	" Everett
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Fred. Joynes
9. Father's Occupation,	Sail maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonogh St
Remarks,	

Who shall hereafter fail to comply with the provisions of this section, shall be for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Aust 22th 1887
4. *Place of Birth (Street and Number),*	Parkin St. No 336
5. *Full Name of Mother,*	vintee Javiave
6. *Mother's Maiden Name,*	vintee Daukin
7. *Mother's Birthplace,*	Calvert, Corruty
8. *Full Name of Father,*	Thomas Javiave
9. *Father's Occupation,*	Calor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Charine Witchell
Address,	Caldner ally No 112
Remarks,	

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Augt 22nd 1887
4. Place of Birth (Street and Number),	Parkin St No 38
5. Full Name of Mother,	Wadroa Parkin
6. Mother's Maiden Name,	Wadroa Starr
7. Mother's Birthplace,	Calvert County
8. Full Name of Father,	Henry Starr
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Charine Mitchell
Address,	Caldner Alley 112 No
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 22 August
4. *Place of Birth (Street and Number),* 444 Canton Avenue
5. *Full Name of Mother,* Margarethe Müller
6. *Mother's Maiden Name,* Behmer
7. *Mother's Birthplace,* Baltimo
8. *Full Name of Father,* August Müller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hessen (Baltimore)

Name of Medical Attendant, or other person who makes this Return. Miss E. Weiss,

Address, 2524 Lancaster St

Remarks, Canton.

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or ~~female~~), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 22nd of August 1887

4. Place of Birth (Street and Number), 618 Hanover Street.

5. Full Name of Mother, Amelia G. Kolscher

6. Mother's Maiden Name, Amelia G. Miller.

7. Mother's Birthplace, Johnstown Pa.

8. Full Name of Father, John F. Kolscher

9. Father's Occupation, Tin and sheet iron worker.

Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (~~state whether male or~~ female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 22 1887

4. Place of Birth (Street and Number), 115 W. Lombard St.

5. Full Name of Mother, Annie Heflin

6. Mother's Maiden Name, Dr.

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. L. Hutto

Address, 113 115 W Lombard Street City

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st Child

1. *Sex (~~state whether male~~ or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 27th 1887

4. *Place of Birth (Street and Number),* 45 N. Carlton St.

5. *Full Name of Mother,* Mary Brown

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Maryland.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 43 N. Carlton St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recovered.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

96476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August - 22nd
4. Place of Birth (Street and Number),	1415 Washington Ave.
5. Full Name of Mother,	Maggie Ranft
6. Mother's Maiden Name,	Maggie Hughes
7. Mother's Birthplace,	London England
8. Full Name of Father,	Albert Jacobs Ranft
9. Father's Occupation,	Commission Merchant
Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs E Seebach
Address,	735 W. Pratt Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recovered.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 23
4. Place of Birth (Street and Number),	2525 Oliver st
5. Full Name of Mother,	Margeritte Dessenal
6. Mother's Maiden Name,	" Burk
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Dessenal
9. Father's Occupation,	Brick maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Gronny
Address,	940 N Gay st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

Sex, (state whether male or female) Male.

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 23d 1855.

4. *Place of Birth, (Street and Number)* 948 Lexington St.

5. *Full Name of Mother,* Louise C. Wagner.

6. *Mother's Maiden Name,* Peters.

7. *Mother's Birthplace,* Hagerstown Md

8. *Full Name of Father,* John F. Wagner.

9. *Father's Occupation,* Merchant.

10. *Father's Birthplace,* Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks, ////////

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH, 96479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) _____

1. *Sex (state whether male ~~or female~~)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 23rd 1887
4. *Place of Birth, (Street and Number)* New 731 S. Broadway
5. *Full Name of Mother* Sophia May
6. *Mother's Maiden Name* Sophia Oppenheimer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis May
9. *Father's Occupation* Merchant
10. *Mother's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 700 N. Broadway

Remarks _____

RETURN OF A BIRTH 96480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 23/87

4. Place of Birth, (Street and Number) 664 Hanover St

5. Full Name of Mother, Janie Shomberg

6. Mother's Maiden Name, Janie Bank

7. Mother's Birthplace, Russa

8. Full Name of Father, Sam Shomberg

9. Father's Occupation, Peddler

10. Father's Birthplace, Russa

Name of Medical Attendant, or other Person who makes this Return. Mrs R Goldsmith

Address, 30 Shaf St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

o., City Printers and Stationers.

RETURN OF A BIRTH 96481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 23d August 1887

4. Place of Birth, (Street and Number) No 1418 Garrett Ave

5. Full Name of Mother, Emma Whiley

6. Mother's Maiden Name, Hays

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A Whiley

9. Father's Occupation, Laborer

10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Pennell

Address, 516 Hunt Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF VITAL STATISTICS

, City Printers and Stationers.

RETURN OF A BIRTH 96482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August 23 11

4. *Place of Birth (Street and Number),* 1145 Fostraw St

5. *Full Name of Mother,* Mary A. Gough

6. *Mother's Maiden Name,* Mary A Kuhn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Samuel A Gough

9. *Father's Occupation,* Bagger

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Yarnall

Address, 800 Hackenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

GIVEN NAME ADDED 4-12-55

RETURN OF A BIRTH 96483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Ann Griffin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 23rd 87

4. Place of Birth, (Street and Number) #1426 Federal St

5. Full Name of Mother, Annie Griffin

6. Mother's Maiden Name, Annie Smith

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas Griffin

9. Father's Occupation, Flagman N.C.R.R.

Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. L. Staley

Address, Cor. Calvert & Lamadelle

Remarks,

...of persons who shall hereafter fail to comply with the provisions of this ... for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH 96484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st L

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 23rd 87

4. Place of Birth, (Street and Number) #444 Federal St

5. Full Name of Mother, Sophie Habercam

6. Mother's Maiden Name, Sophie Mitchell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Austine Habercam

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. George Lewis Staley

Address, Cor Calvert & Lamb Sts

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT 1887 BALTIMORE

...., City Printers and Stationers.

RETURN OF A BIRTH. 96485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 27th
4. Place of Birth (Street and Number) Balto Co.
5. Full Name of Mother Alice Jones Matthai
6. Mother's Maiden Name Alice Jones
7. Mother's Birthplace City
8. Full Name of Father Wm Matthai
9. Father's Occupation Tin Wm Manufact. &c
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. C. F. Bevan

Address 1220 Linden Ave.

Remarks

RETURN OF A BIRTH 96486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* August 23, 1887

4. *Place of Birth, (Street and Number)* 544 S. Paca St.

5. *Full Name of Mother,* Maggie Linthicum

6. *Mother's Maiden Name,* " Whittaker

7. *Mother's Birthplace,* Caroline Co., Md.

8. *Full Name of Father,* George W. Linthicum

9. *Father's Occupation,* Livery Stables

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Thomas E. Sears, M.D.

Address, 411 N. Greene St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH

Ewe 96487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Everett Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* August the 23

4. *Place of Birth (Street and Number),* Millington Av

5. *Full Name of Mother,* Susie (~~Susannah~~) robinson

6. *Mother's Maiden Name,* " (~~Susannah~~) (~~Carpe~~) Parker

7. *Mother's Birthplace,* Charles C O M D

8. *Full Name of Father,* John H robinson

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, No 2022 Wilkins Av

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, August 23rd

4. Place of Birth (Street and Number), 112 Barnes St

5. Full Name of Mother, Mary E Ephart

6. Mother's Maiden Name, Mary Innes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E Ephart

9. Father's Occupation, Machinist

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumax

Address, 1727 W Lombard St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

over

RETURN OF A BIRTH 96489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 23/87.

4. *Place of Birth (Street and Number),* No 2027 Bank St.

5. *Full Name of Mother,* Frances Mc Donagh (Francisca McDonell)

6. *Mother's Maiden Name,* Frances Breins (Brown)

7. *Mother's Birthplace,* Virginien.

8. *Full Name of Father,* Martin (Mc Donnel) McDonagh

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Irland

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft.

Address, No 405 S. Washington St.

Remarks, Full name of child - Martin J. Boland McDonagh

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug. 23rd 1887.
4. *Place of Birth (Street and Number),* #406 and 408 Druid Hill Ave
5. *Full Name of Mother,* Sarah Greenbaum
6. *Mother's Maiden Name,* " Carmel.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Isaac Greenbaum.
9. *Father's Occupation,* Clothier
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #182 E Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* August 24th 1891
4. *Place of Birth (Street and Number),* 1141 Ridgley street Baltimore Md
5. *Full Name of Mother,* Mrs Clara Virginia Duvall.
6. *Mother's Maiden Name,* Clara Virginia Dixon
7. *Mother's Birthplace,* Fredricks city Md.
8. *Full Name of Father,* Mr George Duvall.
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Fredricks county Md.

Name of Medical Attendant, or other person who makes this Return. Mrs M. Shaffer.

Address, 1139 Ridgley street - Baltimore Md.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24th 1887
4. *Place of Birth, (Street and Number)* 1710 N. Calvert St
5. *Full Name of Mother,* Sallie Brown
6. *Mother's Maiden Name,* Sallie Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. M. Brown
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Miltenberger

Address, 319 W. Monument St

Remarks,

BALTIMORE DEPARTMENT OF HEALTH
APR 6 1888
BALTIMORE, MD.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 96493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	24th August-
4. Place of Birth (Street and Number),	527 Lexington Market-
5. Full Name of Mother,	Mary Morten
6. Mother's Maiden Name,	Frye
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Morten
9. Father's Occupation,	Garbage Cart Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, August 24 1897

4. Place of Birth (Street and Number), 1142 Hanover st

5. Full Name of Mother, Ellen Downs

6. Mother's Maiden Name, " Sapp

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Thos E Downs

9. Father's Occupation, Fish Merchant

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. John D Blake M.D.

Address, 602 Hanover

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24th August 1887
4. *Place of Birth, (Street and Number)*	№ 1402 Garrett Ave
5. *Full Name of Mother,*	Laura Parkinson Parker
6. *Mother's Maiden Name,*	Somerset Co Md Parkinson
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	Thomas Parker
9. *Father's Occupation,*	Waterman
10. *Father's Birthplace,*	Somerset Co Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Yewell
Address,	516 Hunt Ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st & First

1. *Sex (state ~~whether male or~~ female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 24th 1887
4. *Place of Birth (Street and Number),* 113 W. Lombard St.
5. *Full Name of Mother,* Bell Emmet
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A. L. Hutchins

Address, 113 Nd 115 W Lombard St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of fearful dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* Aug 25 87

4. *Place of Birth (Street and Number),* 220 N Bond St

5. *Full Name of Mother,* Alice Johnson

6. *Mother's Maiden Name,* Alice Pearce

7. *Mother's Birthplace,* Bucks Co Md

8. *Full Name of Father,* Wm Saunders

9. *Father's Occupation,* Day Laborer

10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. Jane Williams

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96498

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th child
2. *Sex, (state whether male or female)* Male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* August 25th 1887
5. *Place of Birth, (Street and Number)* No 305 west Street
6. *Full Name of Mother,* Mary R Shenton
7. *Mother's Maiden Name,* Mary R Shenton
8. *Mother's Birthplace,* Dorchester county Md
9. *Full Name of Father,* William Shenton
10. *Father's Occupation,* Labourer
11. *Father's Birthplace* Dorchester County Md
12. *Name of Medical Attendant,* or other Person who makes this Return Mary E Anderson
13. *Address,* old No 10 Alleys Alley
14. *Remarks,*

TERS AND STATIONERS

RETURN OF A BIRTH 96499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	August 25th 1887
4. Place of Birth (Street and Number),	No 1610 Vincent Alley
5. Full Name of Mother,	
6. Mother's Maiden Name,	Ellen Rollins
7. Mother's Birthplace,	Calvert County
8. Full Name of Father,	Harry Randall
9. Father's Occupation,	Dairyman
10. Father's Birthplace.	Calvert County
Name of Medical Attendant, or other person who makes this Return.	Sarah Rollins
Address,	
Remarks,	

1887

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 965'00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th —

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 25 — 87

4. *Place of Birth, (Street and Number)* E Mun —

5. *Full Name of Mother,* Lillie Seulman

6. *Mother's Maiden Name,* Lillie Herman

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Saml Seulman

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other Person who makes this Return. Danl V Moyer M.D

Address, 728 Aisquith st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

...City Printers and Stationers.

RETURN OF A BIRTH 96501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* ~~Collord~~ Female

2. *Race or Color, (if not of the white race)* Collord

3. *Date of Birth,* augut 25

4. *Place of Birth, (Street and Number)* 610 Spring garden ave

5. *Full Name of Mother,* A

6. *Mother's Maiden Name,* annil Collins

7. *Mother's Birthplace,* Snow Hill Md

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 229 York St

Remarks,

HEALTH DEPARTMENT SEP 1887 BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH 96502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race),

3. Date of Birth, August 25th 1887.

4. Place of Birth (Street and Number), 818 Bond street Baltimore Md.

5. Full Name of Mother, Louis Davis

6. Mother's Maiden Name, Louis McCall.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Charles Marion Davis.

9. Father's Occupation, Cooper.

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return. Mrs. McShaffer.

Address, 1139 Ridgley street Baltimore Md.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 2

Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Augt 25th 1887

4. Place of Birth, (Street and Number) 1034 Edmondson Ave

5. Full Name of Mother, Ida M. Burrows

6. Mother's Maiden Name, " " Schmidt

7. Mother's Birthplace, Pa

8. Full Name of Father, Jno Burrows

9. Father's Occupation, Merchant

Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return. Gott Epstein

Address, 1 Waverly Terrace

Remarks,

Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 25

4. Place of Birth, (Street and Number) 238 S. Chester St.

5. Full Name of Mother, Margaret Jane Elizabeth Kirby

6. Mother's Maiden Name,

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Jerome Kirby

9. Father's Occupation, Ship Carpenter

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. E. L. Evans M.D.

Address, 1835 E. Baltimore St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH 96505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	28th August
4. Place of Birth (Street and Number),	129 Catalpa st
5. Full Name of Mother,	Mary Smith
6. Mother's Maiden Name,	Woodward
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Henry H. Smith
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Sargent
Address,	1016 E. Lombard st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten by dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, No 409 Madeira Alley

4. Place of Birth (Street and Number), August 25/87

5. Full Name of Mother, Mary Kahnes

6. Mother's Maiden Name, Sahroll

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kahnes

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krapf

Address, No 405 S. Washington st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

Sex, (state whether male or female)

2. Race or color, (if not of the white race) White

3. Date of Birth, August 25th 1887

4. Place of Birth, (Street and Number) S. Spring St No 313

5. Full Name of Mother, Louisa Schiefer

6. Mother's Maiden Name, Louisa Renn

7. Mother's Birthplace, Freetz, Prussia Germany

8. Full Name of Father, George Schiefer

9. Father's Occupation, Locksmith

10. Father's Birthplace, Essen, Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

Any and every person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96508

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 #

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 25 1887

4. Place of Birth, (Street and Number) 18 Albermale st

5. Full Name of Mother, Kate Loretto Kearns

6. Mother's Maiden Name, " " Rouke

7. Mother's Birthplace, Ireland

8. Full Name of Father, James J. Kearns

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschmid

Address, 1727 E. Baltimore st

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, 25 August

4. Place of Birth (Street and Number), 30 Belair ave

5. Full Name of Mother, Bertha Wagenner

6. Mother's Maiden Name, Nagel

7. Mother's Birthplace, Balto.

8. Full Name of Father, August Wagener

9. Father's Occupation, Butcher

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Holland st Balto

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	25 Aug 1887
4. Place of Birth, (Street and Number)	1110 Hubbard St
5. Full Name of Mother,	Mary
6. Mother's Maiden Name,	Snideman
7. Mother's Birthplace,	Balto Md.
8. Full Name of Father,	Louis Lempke
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto Md.
Name of Medical Attendant, or other Person who makes this Return.	Edward Lee MD
Address,	2826 Elder St
Remarks,	

, City Printers and Stationers.

RETURN OF A BIRTH 96511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

● *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 25 August

4. *Place of Birth (Street and Number),* 1209 N. Wolf St

5. *Full Name of Mother,* Lizzie Wissman

6. *Mother's Maiden Name,* Lizzie Miller

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* John Wissman

9. *Father's Occupation,* Hostler

● *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Illig

Address, 1302 Holland St Balt (

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 25 August

4. *Place of Birth (Street and Number),* 92 d. Dalles St.

5. *Full Name of Mother,* Carrie Schoeffel

6. *Mother's Maiden Name,* " Herwig

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Henry Schoeffel

9. *Father's Occupation,* Cabinetnet maker

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rose Ulle

Address, 1302 Holland St

Remarks, Balt. Md.

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 25 1887.
4. Place of Birth (Street and Number),	103 West st.
5. Full Name of Mother,	Mary Kaufmann
6. Mother's Maiden Name,	Dennelein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Kaufmann
9. Father's Occupation,	Tinner
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrvasser. Midwife
Address,	1032 Hanover st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), [redacted] Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 25th August 1887

4. Place of Birth (Street and Number), 1605 Hanover St

5. Full Name of Mother, Catharine M. Cann

6. Mother's Maiden Name, Catharine M. Schultz

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, James Edward Cann

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 900 Leadenhall St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state ~~whether male or~~ female),* Female
2. *Race or Color (if not of the white race),* ~~White~~ Black
3. *Date of Birth,* Aug 25th 1881
4. *Place of Birth (Street and Number),* 15 N. Lombard St.
5. *Full Name of Mother,* Ida Bishop
6. *Mother's Maiden Name,* DO
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

Name of Medical Attendant, or other person who makes this Return. A. L. Hatto M.D.

Address, 113 Nd 15 N. Lombard St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 26th 1867

4. *Place of Birth, (Street and Number)* 311 W. Lanvale St

5. *Full Name of Mother,* Eleanor Hall Lawrence

6. *Mother's Maiden Name,* Eleanor Conte

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jno S. Lawrence

9. *Father's Occupation,* Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno W. Hillenberger

Address, 319 W. Lanvale St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louise Gerhold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, August 26th 1881
4. Place of Birth (Street and Number), 2320 Eden st
5. Full Name of Mother, (Lizzy) (Garfield) Elizabeth Gerhold
6. Mother's Maiden Name, " " (Carn) Elizabeth Kern
7. Mother's Birthplace, City
8. Full Name of Father, Charl (Scaphold) Gerhold
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1200 Bank

Remarks, " " " " "

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
Sex, (state whether male or female)	Male
Race or Color, (if not of the white race)	White
Date of Birth,	August 26 1887
Place of Birth, (Street and Number)	No 120 011 Wall Street
Full Name of Mother,	Elizabeth Shuman
Mother's Maiden Name,	Elizabeth Eckart
Mother's Birthplace,	Baltimore
Full Name of Father,	Charley Shuman
Father's Occupation,	Labourer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary E Anderson
Address,	old No 10 Boys Alley
Remarks,	

ERS AND STATIONERS

RETURN OF A BIRTH 96519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 26th

4. Place of Birth, (Street and Number) 1725 F. M. Ave.

5. Full Name of Mother, Ella Minerva Stricklen

6. Mother's Maiden Name, Linthicum

7. Mother's Birthplace, Anne Arundel Co. Md.

8. Full Name of Father, Wiltz Raymond Stricklen

9. Father's Occupation, Preacher of the Gospel

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. P. Evans M.D.

Address, 1835 E. Balto. St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 26 — 1887
4. Place of Birth (Street and Number),	1412 Goodmans Alley
5. Full Name of Mother,	Katie Mc. Cafen
6. Mother's Maiden Name,	Bella
7. Mother's Birthplace,	America
8. Full Name of Father,	Charles Mc. Cafen
9. Father's Occupation,	Copper
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return,	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Jewish

3. *Date of Birth,* 26 August

4. *Place of Birth (Street and Number),* 312 N. Broadway

5. *Full Name of Mother,* Hennie Pines

6. *Mother's Maiden Name,* Rachel

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Morris Pines

9. *Father's Occupation,* Furniture Store

Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Illig

Address, 1302 Hollins St

Remarks, Balto

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten(10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

March 21 1887

RETURN OF A BIRTH.

96522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white ~~No 24~~
3. Date of Birth corner Byrd and Heath Hamburg St ~~No 24~~
4. Place of Birth, (Street and Number) 26th August 1887
5. Full Name of Mother, Mena ~~Gunter~~ Westphal
6. Mother's Maiden Name, Mena Gunterman
7. Mother's Birthplace, Germany
8. Full Name of Father, August Westphal
9. Father's Occupation, Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. R. Caskey

Address, 213 Heath St

Remarks, Doing Well

[illegible] Remo

SEP 7 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* August 26th 1887.
4. *Place of Birth (Street and Number),* 1038 McDonough St.
5. *Full Name of Mother,* Elvina B Baynard.
6. *Mother's Maiden Name,* Elvina B Brown.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Charles W Baynard.
9. *Father's Occupation,* Shoe Cutter.
10. *Father's Birthplace,* Queen Anns Co Md.

Name of Medical Attendant, or other person who makes this Return. John D Pennington MD.

Address, 804 N Carrollton Av

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 14 1887 BALTIMORE MD

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2),
2. Sex, (state whether male or female)	Male,
3. Race or Color, (if not of the white race)	White
4. Date of Birth,	Aug. 26th 1887
5. Place of Birth, (Street and Number)	929 N. Broadway
6. Full Name of Mother,	Celesta De Villa Greenwood
7. Mother's Maiden Name,	Celesta De Villa Ancevalt,
8. Mother's Birthplace,	Bethlehem, Penna.,
9. Full Name of Father,	George Dodge Greenwood
10. Father's Occupation,	Sign Painter
11. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other Person who makes this Return	Chas. B. Ziegler M.D.
Address,	920 N. Broadway.
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 96525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female.

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug. 26th 1887.

4. *Place of Birth (Street and Number),* #1226 W Monument St.

5. *Full Name of Mother,* Maggie Buck.

6. *Mother's Maiden Name,* " Getzing.

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* J. H. Buck.

9. *Father's Occupation,* Carpenter

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hellegast

Address, #1820 W Monument St.

Remarks, 1038 (New Number)

SEP 7 1887

Who shall neglect fail to comply with the provisions of this section for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 27 August

4. *Place of Birth (Street and Number),* 1731 Orleans St.

5. *Full Name of Mother,* Katie Carl

6. *Mother's Maiden Name,* " Warlau

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Carl

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rosa Uhlig

Address, 1302 Holland St

Remarks, Baltimore

who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty, and for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race),

3. Date of Birth, August 27th 1851.

4. Place of Birth (Street and Number), Baltimore 338 Bartlett st.

5. Full Name of Mother, Kate Carnay.

6. Mother's Maiden Name, Kate Wallace

7. Mother's Birthplace, Baltima

8. Full Name of Father, Patricks Carnay

9. Father's Occupation, Moulder

Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return. Mary. Shaffer

Address, 1139 south streeter

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 21st 1891

4. *Place of Birth (Street and Number),* 1716 Eastern Ave.

5. *Full Name of Mother,* Lizzie Brown

6. *Mother's Maiden Name,* Hemlock

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Henery Brown

9. *Father's Occupation,* Shoveler

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Bell

Address, 1111 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH. 96529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth August 27th 1887.

4. Place of Birth, (Street and Number) No 25 N. Eden St.

5. Full Name of Mother, Emma L. Young

6. Mother's Maiden Name, " " Meeks.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, George W Young.

9. Father's Occupation, Plumber,

Father's Birthplace, Baltimore,

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address, No 1123 E Baltimore St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be ... for each offence to be recovered as other fines and forfeitures are recoverable.

AUG 31 1887

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5"

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 27 1887

4. Place of Birth, (Street and Number) 1166 Bowen St

5. Full Name of Mother, Rebecca Esberger

6. Mother's Maiden Name, " Erich

7. Mother's Birthplace, Balto

8. Full Name of Father, Jno W Esberger

9. Father's Occupation, Musician

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return. Geo R Grabeau MD

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.
BALTIMORE, MD.

RETURN OF A BIRTH 96531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 27 August 87

4. *Place of Birth (Street and Number),* No 10 new Schroder st

5. *Full Name of Mother,* Anna Catherine Ottenbacher

6. *Mother's Maiden Name,* " " Niemann

7. *Mother's Birthplace,* Vorden Hanover Germany

8. *Full Name of Father,* Ludwig Ottenbacher

9. *Father's Occupation,* Schomaker

10. *Father's Birthplace,* Harbach in Wurtemburg

Name of Medical Attendant, or other person who makes this Return. Mrs A. [illegible]

Address, 217 N. Schroeder St

Remarks, Baltimore

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Fem.

2. *Race or Color (if not of the white race),* W.

3. *Date of Birth,* Aug 27/1887

4. *Place of Birth (Street and Number),* 926 Chesapeake St

5. *Full Name of Mother,* Margaret

6. *Mother's Maiden Name,* Mc Call

7. *Mother's Birthplace,* Phila.

8. *Full Name of Father,* John Riley

9. *Father's Occupation,* Machinist

Father's Birthplace. Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary E Sweeney

Address, 726 Luzerne

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 1887

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 & d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 27th
4. Place of Birth, (Street and Number)	126 Washington Ave
5. Full Name of Mother,	Kate Scholliers
6. Mother's Maiden Name,	Kate Huber
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	John Scholliers
9. Father's Occupation,	Painter
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 27th
4. Place of Birth (Street and Number),	700 Sharp St
5. Full Name of Mother,	Emma Weller
6. Mother's Maiden Name,	" Volkmar
7. Mother's Birthplace,	City
8. Full Name of Father,	George Weller
9. Father's Occupation,	Pharmacist
Father's Birthplace,	City
Name of Medical Attendant, or other person who makes this Return.	J. C. Burds MD
Address,	511 Hanover St
Remarks,	

...ishing Co., City Printers and Stationers.

...for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2"

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored.
3. *Date of Birth,* Aug 27"
4. *Place of Birth (Street and Number),* Free Sying-in Hosp. 622 W Lombard.
5. *Full Name of Mother,* Addie Mason
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joe Henry.
9. *Father's Occupation,* Waiter.
10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other person who makes this Return. L E Neale Md

Address, #319 N. Monument St. ~~Free Lying-in Hospital of the~~

Remarks, ~~University of Maryland~~

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 27 1887

4. Place of Birth, (Street and Number) No 142 Hanney Lane

5. Full Name of Mother, Harriett Carter

6. Mother's Maiden Name, " " Jones

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Samuel Carter

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Charlotte Preston Midwife

Address, No 511 Carlton St City

Remarks,

...o., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is 5th

Sex, (state whether male or female) female Child

2. *Race or Color, (if not of the white race)* Colored Child

3. *Date of Birth,* aug 27 th 1887

4. *Place of Birth, (Street and Number)* G 22 Rear alley

5. *Full Name of Mother,* Mrs Mary E Roy

6. *Mother's Maiden Name,* Mrs Mary E Walton

7. *Mother's Birthplace,* Calvert County Md

8. *Full Name of Father,* Walker Roy

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Caroline County Va

Name of Medical Attendant, or other Person who makes this Return. Celestus Cook

Address, 1008 Chew alley

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	August 29th 1887
4. Place of Birth, (Street and Number)	123 Carrollton Ave
5. Full Name of Mother,	Annie Manning
6. Mother's Maiden Name,	Cully
7. Mother's Birthplace,	Irland
8. Full Name of Father,	James Manning
9. Father's Occupation,	Police
10. Father's Birthplace,	New York
Name of Medical Attendant, or other Person who makes this Return.	W. L. Buckenham M.D.
Address,	418 S. Paca St.
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH. 96539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 27. 1897

4. Place of Birth (Street and Number) Fair Oak St. Waverly. -

5. Full Name of Mother Sophie A. Bolgiano.

6. Mother's Maiden Name Sophie Hunnighausen

7. Mother's Birthplace Balto City

8. Full Name of Father John Bolgiano.

9. Father's Occupation Seedsman

10. Father's Birthplace Switz

Name of Medical Attendant, or other Person who makes this Return. C. F. Brown

Address

Remarks

RETURN OF A BIRTH 96540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex (state whether male or female),*	Male.
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	Aug 27 — 1887.
4. *Place of Birth (Street and Number),*	104 Water st.
5. *Full Name of Mother,*	Gusta Abernagel
6. *Mother's Maiden Name,*	Lepkin.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	William Abernagel
9. *Father's Occupation,*	Restaurant
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser, Midwife
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 27

4. Place of Birth (Street and Number) 1405 Harford Ave

5. Full Name of Mother Mary T. ~~Everley~~ Schulle

6. Mother's Maiden Name Mary T. Everley

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry Schulle

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A G Watson

Address 1307 N. Central Ave

Remarks

RETURN OF A BIRTH 96542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* the Colerde

3. *Date of Birth,* 27 August

4. *Place of Birth (Street and Number),* Willmore Alle 1128

5. *Full Name of Mother,* Sarah Collings

6. *Mother's Maiden Name,* Sarah Fills

7. *Mother's Birthplace,* Pocknake City

8. *Full Name of Father,* ~~last vill~~ north hunting Co vd

9. *Father's Occupation,* Steve Henry Collings

Father's Birthplace, last vill north hunting Co vd

Name of Medical Attendant, or other person who makes this Return. Mrs Ann Johnson

Address, 710 Tyson Cite

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	August. 27th. 1887
4. *Place of Birth (Street and Number),*	1147 Hoggs lane
5. *Full Name of Mother,*	Elara Barens
6. *Mother's Maiden Name,*	Elara Heiden
7. *Mother's Birthplace,*	Baltimor
8. *Full Name of Father,*	Ellick Barens
9. *Father's Occupation,*	Laboror
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address,	1245 S.E. cor Monument St. & Central av.
Remarks,	All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 27th. 1887
4. *Place of Birth (Street and Number),* 620 N. Spring St.
5. *Full Name of Mother,* Mary Gebhardt
6. *Mother's Maiden Name,* Mary Bolman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gebhardt
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. M. A. Butt.

Address, 1245 S.W. cor Montalment St. & Centrel av.

Remarks, All Well

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether male or female),* Male.

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug. 27th 1887

4. *Place of Birth (Street and Number),* #1225 Ensor St.

5. *Full Name of Mother,* Lillian Meyer.

6. *Mother's Maiden Name,* Henkel.

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* George Meyer.

9. *Father's Occupation,* Butter.

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegeist

Address, #112 E. Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recoverable

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 28th
4. *Place of Birth, (Street and Number)* 26 Pearl St.
5. *Full Name of Mother,* Minnie J. Thornton
6. *Mother's Maiden Name,* Minnie J. Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George B. Thornton
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Jenkins

Address, 400 Cathedral St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

City Printers and Stationers.

RETURN OF A BIRTH 96547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 28-87
4. Place of Birth (Street and Number),	926 N Ann St
5. Full Name of Mother,	Octavia Switzer
6. Mother's Maiden Name,	" Jones
7. Mother's Birthplace,	George - Md.
8. Full Name of Father,	Switzer
9. Father's Occupation,	Balto
Father's Birthplace,	Cigar maker
Name of Medical Attendant, or other person who makes this Return.	Balto
Address,	Mrs Mary A Allwell
Remarks,	912 McDonogh St

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th August 1887

4. Place of Birth, (Street and Number) 24 Harrison St

5. Full Name of Mother, Augusta Dinger

6. Mother's Maiden Name, Augusta Engelbrecht

7. Mother's Birthplace, Saxe Weimar Germany

8. Full Name of Father, Louis Dinger

9. Father's Occupation, Schumacher

10. Father's Birthplace, Saxe Weimar Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice

Address, Frederick St. Near Fayette

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 6 1888 BALTIMORE

, City Printers and Stationers.

RETURN OF A BIRTH 96549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 "

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 28 - 87.

4. *Place of Birth, (Street and Number)* 936 Sharp St.

5. *Full Name of Mother,* Dora Smith.

6. *Mother's Maiden Name,* " Brady.

7. *Mother's Birthplace,* Balto City.

8. *Full Name of Father,* Joseph P. Smith.

9. *Father's Occupation,* Watchman.

10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Toll. M.D.

Address, 524 Sharp St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), Female.

2. *Race or Color (if not of the white race),* Colored.

3. *Date of Birth,* Aug 28"

4. *Place of Birth (Street and Number),* Free Lying in Hosp 622 St. Lombard

5. *Full Name of Mother,* Annie Jones.

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Richmond Va.

8. *Full Name of Father,* Joseph Gardner

9. *Father's Occupation,* Waiter

Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. L. E. Neale Md

Address, ~~Free Lying in Hospital of Baltimore~~ #319 N. Monument St

Remarks, ~~University of Maryland~~

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 96547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 28-87
4. Place of Birth (Street and Number),	926 N Ann St
5. Full Name of Mother,	Octavia Swirlger
6. Mother's Maiden Name,	" Jones
7. Mother's Birthplace,	
8. Full Name of Father,	George H. Swirlger
9. Father's Occupation,	Balto
Father's Birthplace,	Cigar maker
	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A Allwell
Address,	912 McDonogh St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th August 1887
4. Place of Birth, (Street and Number) 24 Harrison Ave
5. Full Name of Mother, Augusta Dinger
6. Mother's Maiden Name, Augusta Enelbeck
7. Mother's Birthplace, Sachsen Germany
8. Full Name of Father, Chas. Dinger
9. Father's Occupation, Schumacher
10. Father's Birthplace, Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Rice

Address, Frederick Jr. No 116 N. Bristol

Remarks,

HEALTH DEPARTMENT SEP 6 1887 BALTIMORE, MD.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 28th 87.

4. Place of Birth, (Street and Number) 936 Sharp St.

5. Full Name of Mother, Dora Smith

6. Mother's Maiden Name, " Brady.

7. Mother's Birthplace, Balto City.

8. Full Name of Father, Joseph P. Smith.

9. Father's Occupation, Watchman

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Toll. M.D.

Address, 524 Sharp St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female.

2. *Race or Color (if not of the white race),* Colored.

3. *Date of Birth,* Aug 28"

4. *Place of Birth (Street and Number),* Fair Lying in Hosp 622 W. Lombard

5. *Full Name of Mother,* Annie Jones.

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Richmond Va.

8. *Full Name of Father,* Joseph Gardner

9. *Father's Occupation,* Waiter

Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. L E Teale MD

Address, ~~Fair Lying in Hospital~~ # 319 N. Monument St

Remarks, ~~Maternity of Mountain~~

who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 96551

GIVEN NAME ADDED, 6-28-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leona Baer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Aug. 28/87
4. Place of Birth (Street and Number), 1508 Millman St.
5. Full Name of Mother, Dora Baer
6. Mother's Maiden Name, " Misch
7. Mother's Birthplace, Austria
8. Full Name of Father, Israel Baer
9. Father's Occupation, Pedler
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Edward F. McDaid

Address, 208 Aisquith St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 96552

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28th August 87

4. *Place of Birth, (Street and Number)* 1313 Laurale St

5. *Full Name of Mother,* Annie Webb Sollers

6. *Mother's Maiden Name,* Mercerou

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* James T. Sollers

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return W. W. Owings M D

Address. 1319 Madison Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug. 28, 1887

4. *Place of Birth, (Street and Number)* 181 Franklin

5. *Full Name of Mother,* Mary Kilpatrick

6. *Mother's Maiden Name,* Green

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Thos. Kilpatrick

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo. R. Fleming M.D.

Address, 928 Madison Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are

City Printers and Stationers

RETURN OF A BIRTH 9655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	august the 28th
4. Place of Birth (Street and Number),	Baltimore Charles St 1642
5. Full Name of Mother,	sarah ripple
6. Mother's Maiden Name,	pethard
7. Mother's Birthplace,	Baltimore Co
8. Full Name of Father,	william ripple
9. Father's Occupation,	laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	Light St cor 15th
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	white
3. Date of Birth,	august 28 1887
4. Place of Birth (Street and Number),	back st 61
5. Full Name of Mother,	lizabith burneack
6. Mother's Maiden Name,	darise
7. Mother's Birthplace,	baltimore
8. Full Name of Father,	philape burneack
9. Father's Occupation,	laborer
Father's Birthplace,	baltimore
Name of Medical Attendant, or other person who makes this Return.	Rachel a tyler
Address,	2513 canton ave
Remarks,	

who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Aug 28 — 1887
4. Place of Birth (Street and Number),	729 Hanover st
5. Full Name of Mother,	Anna Desor
6. Mother's Maiden Name,	Steinbach
7. Mother's Birthplace,	Germany
8. Full Name of Father,	August Desor
9. Father's Occupation,	Piano-maker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwif
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or forfeiture for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 6th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* 25 day of August

4. *Place of Birth (Street and Number),* 47 Bruce St

5. *Full Name of Mother,* Mary Pyce

6. *Mother's Maiden Name,* Mary Wood

7. *Mother's Birthplace,* Essex County

8. *Full Name of Father,* Harrison Pyce

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Montgomery

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 1927 W Lombard St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH 96558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st / First.

1. Sex (state whether male or female), Female,

2. Race or Color (if not of the white race), White.

3. Date of Birth, Aug 28th 87.

4. Place of Birth (Street and Number), 113 N. Longford St.

5. Full Name of Mother, Annie Brown.

6. Mother's Maiden Name, A. D.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. A. S. Kettlewell

Address, 113 N. Longford St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	28th August
4. Place of Birth (Street and Number),	410 Gough st
5. Full Name of Mother,	Hizzie Grayson
6. Mother's Maiden Name,	Ziegler
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Grayson
9. Father's Occupation,	Fabroir
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 E. Lombard st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Gilbert Driver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August the 28, 1887
4. Place of Birth (Street and Number),	Eagle St No 182
5. Full Name of Mother,	Catharine driver
6. Mother's Maiden Name,	Catharine gauth
7. Mother's Birthplace,	germany
8. Full Name of Father,	John A Drive
9. Father's Occupation,	Brickmaker
10. Father's Birthplace,	Baltimoa
Name of Medical Attendant, or other person who makes this Return.	Mrs S Dilly
Address,	No 20, 22 Hilking Av
Remarks,	GIVEN NAME ADDED. L.M: 1-21-53

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 91561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race).	White race
3. Date of Birth,	August 29th 1887
4. Place of Birth (Street and Number),	No 2218 Fred. av.
5. Full Name of Mother,	Mrs. Harry Schwab
6. Mother's Maiden Name,	Miss " Web
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr Henry Schwab
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hillier
Address,	2127 Pratt st city
Remarks,	

Pd. cert Feby 24/10

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Kohling Co., City Printers and Stationers.

RETURN OF A BIRTH 96562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* August 29th 1887

4. *Place of Birth (Street and Number),* Corner Baker & Vincent St.

5. *Full Name of Mother,* Gomealia Bedford

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Patapsco neck

8. *Full Name of Father,* Saul Bedford

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Patapsco neck

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Born on the 29 day of August.

4. *Place of Birth (Street and Number),* No 519 South Wolf St.

5. *Full Name of Mother,* Louisa Hammer.

6. *Mother's Maiden Name,* " " Schneider.

7. *Mother's Birthplace,* Baltimore MD.

8. *Full Name of Father,* John Hammer

9. *Father's Occupation,* Brass finisher

Father's Birthplace, Baltimore MD.

Name of Medical Attendant, or other person who makes this Return. Mrs SL Knowles

Address, 1829 E Pratt St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white race

3. Date of Birth, April the 29th

4. Place of Birth (Street and Number), Baltimore Hill St No 420

5. Full Name of Mother, Julia Dixon

6. Mother's Maiden Name, Rush

7. Mother's Birthplace, queenanne Maryland

8. Full Name of Father, David Dixon

9. Father's Occupation, Clark

10. Father's Birthplace, Eston Talbert Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, light st No 1414

Remarks,

ning Co., City Printers and Stationers.

RETURN OF A BIRTH 96565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* 27 of august

4. *Place of Birth, (Street and Number)* No 913 Gordon Alley

5. *Full Name of Mother,* Sarah Lancaster

6. *Mother's Maiden Name,* .....

7. *Mother's Birthplace,* St marys County

8. *Full Name of Father,* Alfred J. Jones

9. *Father's Occupation,* Porter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Lucy Cornish

Address, 906 Jordan Alley

Remarks, ...

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 29
4. *Place of Birth, (Street and Number)* 2324 W. Mt. Ave.
5. *Full Name of Mother,* Georgia Sherman
6. *Mother's Maiden Name,* Tyler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Solomon Sherman
9. *Father's Occupation,* Farming Salesman
10. *Father's Birthplace,* Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. L. Bruns M.D.

Address, 1825 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH.

96567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 29, 1889

4. Place of Birth (Street and Number) 719 N. Henry St.

5. Full Name of Mother Ann Elizabeth Shiote

6. Mother's Maiden Name " " Greason

7. Mother's Birthplace Ireland

8. Full Name of Father Richard H. J. Shiote

9. Father's Occupation Cedar-Cooper

10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Thomas E. Sears, M.D.

Address 411 N. Greene St

Remarks

RETURN OF A BIRTH 96568.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug. 29th. 1887
4. Place of Birth (Street and Number),	727 N. Gay St.
5. Full Name of Mother,	Maggie Bonse
6. Mother's Maiden Name,	Maggie Harbach
7. Mother's Birthplace,	Balto
8. Full Name of Father,	James Bons
9. Father's Occupation,	Book Keeper
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt
Address, 1245 S W. cor ~~Central~~	Monument St. & Central av
Remarks,	All Well

...this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 29 of August
4. *Place of Birth (Street and Number),* 1241 Johnson st Balto
5. *Full Name of Mother,* Josephine Hook
6. *Mother's Maiden Name,* Josephine Landers
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* John Hook
9. *Father's Occupation,* Ship Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 24th 1887

4. Place of Birth, (Street and Number) 1422 Division St.

5. Full Name of Mother, Helena M. McCoy

6. Mother's Maiden Name, Thomas.

7. Mother's Birthplace, Balto City

8. Full Name of Father, Robt McCoy

9. Father's Occupation, Clerk

10. Father's Birthplace, B. C

Name of Medical Attendant, or other Person who makes this Return Dr. Owings M D

Address. 1319 Madison Ave

Remarks,

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 2 9th
4. Place of Birth (Street and Number),	613 Hacker St
5. Full Name of Mother,	Emilie Manna
6. Mother's Maiden Name,	Emilie Flach
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Charles Manna
9. Father's Occupation,	Shoemaker
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Hellgonde Alefeld
Address,	529 Columbia Ave
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	29th August
4. Place of Birth (Street and Number),	1109 E. Fayette st
5. Full Name of Mother,	Mamie Hanrahan
6. Mother's Maiden Name,	Pollard
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Hanrahan
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah Casper
Address,	1016 1/2 E. Lombard st
Remarks,	

this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, 29 August
4. Place of Birth (Street and Number), 607 Gist St.
5. Full Name of Mother, Babetta Fürst
6. Mother's Maiden Name, = Dittmar
7. Mother's Birthplace, Bavaria (Germ)
8. Full Name of Father, August Fürst
9. Father's Occupation, Labeln
10. Father's Birthplace, Bavaria Germ.

Name of Medical Attendant, or other person who makes this Return. Mrs G Weiss.

Address, 2524 Lancaster St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, August 29/97

4. Place of Birth (Street and Number) 1116 857 Ramsay

5. Full Name of Mother, Annie Conroy Wutzke

6. Mother's Maiden Name, Lutz

7. Mother's Birthplace, Wilbr

8. Full Name of Father, Conroy

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, John D Blake MD

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth August 30th
4. Place of Birth, (Street and Number) 514 Repper St Balto City
5. Full Name of Mother, Sophia Smith
6. Mother's Maiden Name, " Spriddle
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Smith
9. Father's Occupation, — Cook
10. Father's Birthplace, Kent Island

Name of Medical Attendant, or other Person who makes this Return. Margerette Wilson

Address, Carroll

Remarks,

Report its birth to the Commissioner of Health, in the manner and in the form of the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

1887

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 30th 1881

4. *Place of Birth (Street and Number),* 1345 Block st

5. *Full Name of Mother,* Mary Shanay

6. *Mother's Maiden Name,* " " Putman

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Frank Shanay

9. *Father's Occupation,* Baker maker

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizzy Belz

Address, 1248 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* August 30th 1887

4. *Place of Birth (Street and Number),* 506 Register st

5. *Full Name of Mother,* Mary Greif

6. *Mother's Maiden Name,* " " Saguiver

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Herman Greif

9. *Father's Occupation,* Hooper

Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Lizy Betz

Address, 1744 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* aug 30 1887

4. *Place of Birth, (Street and Number)* 111 Bowen Av

5. *Full Name of Mother,* Mary V Ridgaway

6. *Mother's Maiden Name,* Todd

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* W E Ridgaway

9. *Father's Occupation,* Carpenter

Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Chas R Bateman M.D.

Address,

Remarks,

IMPORTANT
Physicians and Midwives are required by law to report births promptly, and penalties are recoverable for neglect. See Sections 4 and 5 of the Ordinance. Blanks for returning births are furnished free of charge at the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH 96579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (~~state whether~~ male ~~or female~~)*

2. *Race or Color, (~~if not of~~ the white race)*

3. *Date of Birth,* 8. 3d. 87.

4. *Place of Birth, (Street and Number)* 316 Pine st.

5. *Full Name of Mother,* Mary S. C. Hagerman,

6. *Mother's Maiden Name,* Kleppmeyer.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Geo. W. Hagerman.

9. *Father's Occupation,* Carpenter.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Eastman

Address, 772 ~~3rd~~ 9 Park

Remarks,

DEPARTMENT OF HEALTH BALTIMORE CITY

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) th 6 96580

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug th 30 - 1887
4. *Place of Birth, (Street and Number)* No 2112 Cambridge st
5. *Full Name of Mother,* Emma Cole
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Cole
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah P Harington

Address, No 2235 Eastern Ave

Remarks,

SEP 6 1887

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* Aug. 30/1887

4. *Place of Birth (Street and Number),* S.W. Cor. Watson & Lloyd Sts

5. *Full Name of Mother,* Ida Stein

6. *Mother's Maiden Name,* " Appenheimer

7. *Mother's Birthplace,* Wash. D.C.

8. *Full Name of Father,* Soloman Stein

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Edward P. Wheeler

Address, 208 Aisquith St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

96582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Aug 30"
4. Place of Birth (Street and Number), Free Sying-in Hosp 622 W Lombard St
5. Full Name of Mother, Lizzie Lynn's.
6. Mother's Maiden Name, " Wells.
7. Mother's Birthplace, Va
8. Full Name of Father, Joseph Lynn's.
9. Father's Occupation, Book agt.
10. Father's Birthplace, Not known.

Name of Medical Attendant, or other person who makes this Return. L E Neale MD

Address, #319 N. Monument St ~~Free Lying-in Hospital of the University of Maryland~~

Remarks,

the Commissioner of Health, in the manner and within the period [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August 30th 1887
4. Place of Birth (Street and Number),	New No 132 E. Cross St
5. Full Name of Mother,	Elvira Elizabeth Norton
6. Mother's Maiden Name,	Elvira Elizabeth Lewis
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Jacob William Winters
9. Father's Occupation,	Buyer Oyster & Fruit Packing Establishment
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Conway
Address,	
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug. 30th 1887
4. Place of Birth (Street and Number), #1450 Central Ave
5. Full Name of Mother, Louise Rommel
6. Mother's Maiden Name, " Benecke
7. Mother's Birthplace, Germany
8. Full Name of Father, F. Rommel
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St

Remarks, 1038 (New Number)

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	August 30th. 1887
4. Place of Birth (Street and Number),	No 513 Chestnut St.
5. Full Name of Mother,	Sarah Hickman
6. Mother's Maiden Name,	Sarah Bell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Laurence Hickman
9. Father's Occupation,	Plasterer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Butt.
Address,	1245 S.W. cor Monument St. & Central av.
Remarks,	All Well

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	August 30 - 87
4. Place of Birth (Street and Number),	321 S Spring
5. Full Name of Mother,	Mary Garrity
6. Mother's Maiden Name,	" Mc. Clough
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Patrick Garrity
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 Mc Donough St
Remarks,	

The Commissioner of Health, in the manner and [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* white race

3. *Date of Birth,* august the 30

4. *Place of Birth (Street and Number),* Baltimore Johnson St 152

5. *Full Name of Mother,* Mary A Burnes

6. *Mother's Maiden Name,* Thomas

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Thomas H Burnes

9. *Father's Occupation,* Miller

Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hutchorn

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state ~~whether male~~ or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug 30th 8.1

4. *Place of Birth (Street and Number),* 115 W. Lombard St.

5. *Full Name of Mother,* Mary Ford

6. *Mother's Maiden Name,* Lee

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. H. L. Hurst M.D.

Address, 113 & 115 W Lombard St

Remarks, " "

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Mallard
3. *Date of Birth,* 30 August
4. *Place of Birth, (Street and Number)* 314 Hill St
5. *Full Name of Mother,* [redacted] annie Gant
6. *Mother's Maiden Name,* Annie Carter
7. *Mother's Birthplace,* Prince George County Md
8. *Full Name of Father,* Lilli Gant
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. Miller Gross

Address, 229 york St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 30/87
4. Place of Birth, (Street and Number)	673 W Fayette
5. Full Name of Mother,	Rachel Diffenderfer
6. Mother's Maiden Name,	" Spamier
7. Mother's Birthplace,	Md
8. Full Name of Father,	Jas P. Diffenderfer
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie
Address,	600 N. Howard St
Remarks,	

persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aust 30 1887
4. Place of Birth (Street and Number),	Denbigh Ally 24
5. Full Name of Mother,	Briget Dole
6. Mother's Maiden Name,	Briget Burns
7. Mother's Birthplace,	Irland
8. Full Name of Father,	Larnce Dole
9. Father's Occupation,	Shoemacker
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Charnie Mitchell
Address,	Caldwell ally 112 No
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 30th Aug

4. *Place of Birth, (Street and Number)* 710 Harris Alley

5. *Full Name of Mother,* Margaret E Sullens

6. *Mother's Maiden Name,* Margaret Lee

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* James A Sullens

9. *Father's Occupation,* Heater

10. *Father's Birthplace,* Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	31 August
4. Place of Birth (Street and Number),	Baltimore
5. Full Name of Mother,	931 South Charles st
6. Mother's Maiden Name,	Amelia Kirwan
7. Mother's Birthplace,	" " " Hain
8. Full Name of Father,	Baltimore
9. Father's Occupation,	Edw W Kirwan
10. Father's Birthplace,	Pilot
Name of Medical Attendant, or other person who makes this Return.	Baltimore
Address,	Katie Murphy
Remarks,	900 Leadenhall St.

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 31st August
4. *Place of Birth (Street and Number),* No 207 Hamburg St
5. *Full Name of Mother,* Margarete Anna Strodtman
6. *Mother's Maiden Name,* Creamer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Strodtman
9. *Father's Occupation,* Tin Smith
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return. Kathrena Munch

Address, 800 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	August the 30th 1887
4. Place of Birth (Street and Number),	McHenry st No 1813
5. Full Name of Mother,	Mag Crummel
6. Mother's Maiden Name,	Mag Lewis
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	William crummel
9. Father's Occupation,	labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs S Kelley
Address,	No 20 22 Wilkins Ave
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white race

3. Date of Birth, august the 31

4. Place of Birth (Street and Number), Baltimore Bunch st No 1528

5. Full Name of Mother, mary Edney

6. Mother's Maiden Name, fogler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, jorge edney

9. Father's Occupation, laber

10. Father's Birthplace, Baltimore

Name of Medical Attendant. or other person who makes this Return. Elizabeth Heathorn

Address, Eglit st No 1514

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 31st
4. *Place of Birth (Street and Number),* 519 Columbia Ave
5. *Full Name of Mother,* Julia Cuttler
6. *Mother's Maiden Name,* Julia Geidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Cuttler
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Slifer

Remarks, 519 Columbia Ave

the Commissioner of Health, in the manner and within the period above required, and any such p... who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Wednesday, Aug. 31st, 87

4. Place of Birth (Street and Number), 809 Ramsey Street

5. Full Name of Mother, Mrs. Kate Lehnert

6. Mother's Maiden Name, Miss " Walker

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John. F. Lehnert

9. Father's Occupation, Painter

10. Father's Birthplace, Carroll County, Md

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappetton St

Remarks,

the Commissioner of Health, of the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children.

1. Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 31st 1887.

4. Place of Birth (Street and Number), 523 Scott St. Baltimore, Md.

5. Full Name of Mother, Susie. V. Gauer.

6. Mother's Maiden Name, Susie. V. Jones.

7. Mother's Birthplace, Baltimore. Md.

8. Full Name of Father, Jacob. C. Gauer

9. Father's Occupation, Expressman.

10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bunge

Address, 711 Cross St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Aug 31st 1887
4. Place of Birth (Street and Number),	# 2011 Eastern ave.
5. Full Name of Mother,	Amelia V. Eder
6. Mother's Maiden Name,	Tilley
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	M. Edward J. Eder
9. Father's Occupation,	Jobber
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 9L601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Dyallie

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug 7, 1887

4. *Place of Birth (Street and Number),* 122½ High St

5. *Full Name of Mother,* Sarah Wolf

6. *Mother's Maiden Name,* Sarah Wolf

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Benc. Wolf

9. *Father's Occupation,* Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Ed Schreman

Address, Albemarle st cor 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Sadie

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug 9, 1887

4. *Place of Birth (Street and Number),* 10 Albemarle St

5. *Full Name of Mother,* Sarah Blumberg

6. *Mother's Maiden Name,* Sarah Kahansky

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* E. Blumberg

9. *Father's Occupation,* Storekeeper

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH

96603

To the Office of ~~Registrar of Vital~~ Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 3-24-55

Name: Frank Percival Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Aug. 11th 1887
4. Place of Birth, (Street and Number)	# 709 S. Charles st
5. Full Name of Mother,	Emma J. Mitchell
6. Mother's Maiden Name,	Sullivan
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jas B. Mitchell
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	# 428 Hanover st
Remarks,	

HEALTH DEPARTMENT SEP 20 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96604.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Simons

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Mulatto

3. *Date of Birth,* Aug 11, 1887

4. *Place of Birth (Street and Number),* 404 N. Front St

5. *Full Name of Mother,* Rachel Rothstein

6. *Mother's Maiden Name,* Rachel Mendelsohn

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Lewis Rothstein

9. *Father's Occupation,* Tailor

Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, Albemarle St cor 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96605.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

N. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Aug. 23rd 1887
4. *Place of Birth (Street and Number),* 143 N. High st.
5. *Full Name of Mother,* Hannah Jacobs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Jacobs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23/87.
4. Place of Birth (Street and Number)	201 Druid Hill ave.
5. Full Name of Mother	Margaret Gakel
6. Mother's Maiden Name	Burkamp
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Louis Gakel
9. Father's Occupation	Drug Clerk
10. Father's Birthplace	Baltimore, Md
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	414 N. Greene St
Remarks	

or the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Lillie

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 25, 1887
4. *Place of Birth (Street and Number),* 264 Harrison St
5. *Full Name of Mother,* Minnie Lyarlenza
6. *Mother's Maiden Name,* Minnie Foreman
7. *Mother's Birthplace,* B Russia
8. *Full Name of Father,* B. Foreman
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* B Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Becker

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 25, 1887
4. *Place of Birth (Street and Number),* 234 Harrison St
5. *Full Name of Mother,* Jennie Solinskey
6. *Mother's Maiden Name,* Jennie Plutky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charles Sobinskey
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St N 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* Aug 28. 1887

4. *Place of Birth (Street and Number),* Laurens St. near Eutaw Place

5. *Full Name of Mother,* Mary Smith

6. *Mother's Maiden Name,* Mary Stammers

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Irving H. Smith

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. [illegible] M.D.

Address, 1000 E. Bell St.

Remarks, Natural delivery

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Yale Lewis

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 29, 1887
4. Place of Birth (Street and Number), 222 Pearl St
5. Full Name of Mother, Minnie Buch
6. Mother's Maiden Name, Minnie Reuben
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Buch
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Salle

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 29, 1887
4. Place of Birth (Street and Number), 26 Albemarle St
5. Full Name of Mother, Lizzie Kellert
6. Mother's Maiden Name, Lizzie Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Kellert
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Mary

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug 29, 1887

4. *Place of Birth (Street and Nimber),* 914 E. Lombard St

5. *Full Name of Mother,* Clara Levitsky

6. *Mother's Maiden Name,* Clara Kaufmann

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Lewis Levitsky

9. *Father's Occupation,* Cigarmaker

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Schermann

Address, Albemarle St cor 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

Over 96613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Schenker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Bertha

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Aug 30, 1887

4. Place of Birth (Street and Number), 137 Harrison St

5. Full Name of Mother, Amelia (Steenker) Schenker

6. Mother's Maiden Name, Amelia Goodenbaum

7. Mother's Birthplace, Russia

8. Full Name of Father, ~~Abraham~~ ~~(Steenker)~~ Abraham Schenker

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schermann

Address, Albemarle st cor 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* ~~Sept~~ August 31 the 1887

4. *Place of Birth (Street and Number),* 641 German str

5. *Full Name of Mother,* Mathilde Strube

6. *Mother's Maiden Name,* M Nidermyer

7. *Mother's Birthplace,* Dortmund Germany

8. *Full Name of Father,* Conrad Strube

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Kliefe Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. W. Mannel Midwife

Address, New #. 625 Saratoga str

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Aug 31st, 1887

4. *Place of Birth (Street and Number),* #803 Mc. Kim St.

5. *Full Name of Mother,* Ella Mc. Gabe.

6. *Mother's Maiden Name,* Mc. Intyre.

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Charles Mc. Gabe.

9. *Father's Occupation,* Brass Moulder.

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #1826 E. Monument St

Remarks, 1038 (Ten Number)

for each offence, to be recovered as other fines and forfeitures are recoverable.

1887 SEP 7

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9616E

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, August 31st 1896

4. Place of Birth (Street and Number), 268 S Dallas St

5. Full Name of Mother, Emma Garey

6. Mother's Maiden Name, Saffield

7. Mother's Birthplace, Anne Arundel Co

8. Full Name of Father, Charley Garey

9. Father's Occupation, Laborer

Father's Birthplace, Anne Arundel Co

Name of Medical Attendant, or other person who makes this Return. Mrs L. P. Knowles

Address, 1824 E Pratt

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31st 1887
4. *Place of Birth, (Street and Number)* 1011 Linden Av.
5. *Full Name of Mother,* Henrikka Whelan
6. *Mother's Maiden Name,* Henrikka Mowinckell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* E. J. Whelan
9. *Father's Occupation,* Bank Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. W. Miltenberger

Address, 319 W Monument St

Remarks,

HEALTH DEPARTMENT SEP 5 1887 BALTIMORE MD

City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-th 96618

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* August 31st 1887.

4. *Place of Birth, (Street and Number)* 502 N. Pearl st

5. *Full Name of Mother,* Elmora Owens

6. *Mother's Maiden Name,* Elmora Ringold

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* J. H. Owens

9. *Father's Occupation,* Undertaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. H. Biddle M.D.

Address, 1194 W. Saratoga st

Remarks, City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Aug 31st 1887
4. *Place of Birth (Street and Number),* #213 Hamburg st
5. *Full Name of Mother,* Mary R Caldwell
6. *Mother's Maiden Name,* Mary R Sarbin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Caldwell
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cothill

Address, 66 E Montgomery st

Remarks,

ng Co., City Printers and Stationers

Missing #96620 - #96624,
incl.

RETURN OF A BIRTH 96625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Boy

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* July 2/87

4. *Place of Birth (Street and Number),* 532 Lee St

5. *Full Name of Mother,* Kate Jay

6. *Mother's Maiden Name,* Bulock

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Jacob Jay

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Jno D Blake MD

Address, 532 Lee St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 96626

1. Sex, (state whether male or ~~female~~) Male,
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 3rd 87.
4. Place of Birth, (Street and Number) 115 W Lombard St
5. Full Name of Mother, Etta Mills.
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Mills.
9. Father's Occupation,
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr L. Hulton M.D.

Address, 43 & 45 W Lombard St

Remarks, City.

HEALTH DEPARTMENT SEP 2 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or tax (ie) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4"
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	July 5" 1887
4. Place of Birth, (Street and Number)	1163 Bowen St
5. Full Name of Mother,	Lena Brose
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frederick Brose
9. Father's Occupation,	Machinist
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham Md
Address,	725 Columbia ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.
MORE, MD.

RETURN OF A BIRTH 96628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	July 6th 1881
4. *Place of Birth, (Street and Number)*	1836 Ramsay st
5. *Full Name of Mother,*	Mary Jane Lentz
6. *Mother's Maiden Name,*	" " Taylor
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Henry Lentz
9. *Father's Occupation,*	Glass blower
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Geo R Graham MD
Address,	725 Columbia ave
Remarks,	

RETURN OF A BIRTH 96629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	July 11th 1887
4. Place of Birth, (Street and Number)	1019 Bank St
5. Full Name of Mother,	Ella Bray
6. Mother's Maiden Name,	Ella Arnold
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Jos Bray
9. Father's Occupation,	Hucster
10. Father's Birthplace,	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Chas R Grahamm MD
Address,	725 Columbia ave
Remarks,	

RETURN OF A BIRTH 96630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
Sex, (state whether male or female)	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	July 14th 1887
4. *Place of Birth, (Street and Number)*	760 Ramsay St
5. *Full Name of Mother,*	Cora Bell Watt
6. *Mother's Maiden Name,*	" " McCurdy
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jas Watt
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Geo R Nahain Md
Address,	725 Columbia ave
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.
SEP 1 1887
BALTIMORE, MD.

RETURN OF A BIRTH 96637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 15 ~~60 Barnes~~
4. Place of Birth (Street and Number),	60 Barnes st
5. Full Name of Mother,	Philipena Star
6. Mother's Maiden Name,	" Hamon
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Star
9. Father's Occupation,	Painter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grimm
Address,	940 N Gay St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-19-55

RETURN OF A BIRTH 96632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Mace Purkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, July 16/87
4. Place of Birth (Street and Number), 649 Wilemway St
5. Full Name of Mother, Mary S. ~~Perkins~~ Purkins
6. Mother's Maiden Name, " " Heidemann
7. Mother's Birthplace, Cecil Purkins
8. Full Name of Father, Geo M ~~Perkins~~
9. Father's Occupation, Machinist
10. Father's Birthplace, Va
11. Name of Medical Attendant, or other person who makes this Return. Jno D Blakeman

Address,

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fines and forfeitures are recoverable. for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-8-55

RETURN OF A BIRTH

96633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Coulton Schultz 3

Sex (state whether male or female), Girl

2. Race or Color (if not of the white race),

3. Date of Birth, July 16/07

4. Place of Birth (Street and Number), 633 W Conway St

5. Full Name of Mother, Mary L Schultz

6. Mother's Maiden Name, nee Reid

7. Mother's Birthplace, Md

8. Full Name of Father, Edward J Schultz

9. Father's Occupation, Sergt Police

10. Father's Birthplace, ~~633 Conway St~~ City

Name of Medical Attendant, or other person who makes this Return. Jno D Blake MD

Address, 633 Conway St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* July 17/87
4. *Place of Birth (Street and Number),* 1251 Cort p. St
5. *Full Name of Mother,* Lena A Cain
6. *Mother's Maiden Name,* " " John
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Joseph G. Cain
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Jno D Blakman

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	Colored
3. *Date of Birth,*	July 17th 1887
4. *Place of Birth (Street and Number),*	425 E. monument st
5. *Full Name of Mother,*	Annie Blackwell
6. *Mother's Maiden Name,*	— — Jackson
7. *Mother's Birthplace,*	Caroline County. Va
8. *Full Name of Father,*	Thomas ~~H~~ Blackwell
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Hester Covence
Address,	505 Preston street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race).	Colored
3. Date of Birth,	July 17th 1887
4. Place of Birth (Street and Number),	1617 Vincent alley
5. Full Name of Mother,	Sophia Mc Gall
6. Mother's Maiden Name,	Sophia Fillman
7. Mother's Birthplace,	Calvert County
8. Full Name of Father,	Julius Mc Gall
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Calvert County
Name of Medical Attendant. or other person who makes this Return.	Sarah Rollins
Address,	
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 20th
4. Place of Birth (Street and Number),	McDonough near Chase Ct
5. Full Name of Mother,	Elizebeth Rudiger
6. Mother's Maiden Name,	" Roder
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Gustavus (August) Rudiger
9. Father's Occupation,	Carpenter
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	940 W Gay St
Remarks,	Full name of child: Arthur Wesley Rudiger

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, June 25 1887

4. Place of Birth (Street and Number), 615 Warren Ave

5. Full Name of Mother, Annie Campbell

6. Mother's Maiden Name, Rockwell

7. Mother's Birthplace, Ky

8. Full Name of Father, Wm J Campbell

9. Father's Occupation, Lab Driver

10. Father's Birthplace, Ky

Name of Medical Attendant, or other person who makes this Return. Edward Blakeslee

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* July 26th 1887

4. *Place of Birth (Street and Number),* #622 Bruce St

5. *Full Name of Mother,* Mary Menneke

6. *Mother's Maiden Name,* " Trapp

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Frederick Menneke

9. *Father's Occupation,* Merchant Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Laura Hellegast

Address, #1826 E. Monument St

Remarks, 1038 (New Number)

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

Over

RETURN OF A BIRTH 96640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Magdalen~~ Anna 8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Kucera

Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, July 26

4. Place of Birth (Street and Number), 1615 Abbott St

5. Full Name of Mother, Anna (~~Josephe~~) Kucera

6. Mother's Maiden Name, " (" ") (~~Roubal~~ Roubal)

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Kucera

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephine Conrad

Address, 1621 Barnes St

Remarks,

...ing Co., City Printers and Stationers

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), Italian
3. Date of Birth, July 28th '87
4. Place of Birth (Street and Number), 511 Penna. Ave.
5. Full Name of Mother, Lena Appilito
6. Mother's Maiden Name, " Jufrey
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent Appilito
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. F. B. Gardner

Address, 424 N. Greene St.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth July 29 1887
4. Place of Birth, (Street and Number) Waverly Balto Co
5. Full Name of Mother, Anna Leonhardt
6. Mother's Maiden Name, Anna Foster
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Leonhardt
9. Father's Occupation, Coach Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. S H Patterson M D

Address, 102 Franklin

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 96643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether male or female),	female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	July 22 1887
4. Place of Birth (Street and Number),	914 N. Durham
5. Full Name of Mother,	Josepha Bonde Shimanek
6. Mother's Maiden Name,	" " Bonde
7. Mother's Birthplace,	Bohemia
8. Full Name of Father,	John Shimanek
9. Father's Occupation,	Blacksmith
10. Father's Birthplace,	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Josephine Conrad
Address,	621 Barnes St
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 July

4. Place of Birth, (Street and Number) N Eutaw St 3 doors above Fayette east side.

5. Full Name of Mother, Theresa Lindinger

6. Mother's Maiden Name, Theresa Mueller

7. Mother's Birthplace, Priesnitz - Böhmen Austria

8. Full Name of Father, Johann Heinrich Lindinger

9. Father's Occupation, Clerk

10. Father's Birthplace, Bückeburg Schaumburg Lippe

Name of Medical Attendant, or other Person who makes this Return. L E Reinhard

Address, 720 N Howard Street

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH

96645.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30 - 1887.

4. Place of Birth, (Street and Number) 1737 E. Preston St.

5. Full Name of Mother, Margaret Whalen

6. Mother's Maiden Name, Riley

7. Mother's Birthplace, Baltimore Co.

8. Full Name of Father, Benson Whalen

9. Father's Occupation, Shirt Manufacturer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return. John M. Steele, M.D.

Address, 1039 N. Broadway.

Remarks,

, City Printers and Stationers.

Missing #96646 - #96651, incl.

RETURN OF A BIRTH 96652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 1st 1887

4. Place of Birth, (Street and Number) 210 Dolphin St

5. Full Name of Mother, Mrs Mich Conway

6. Mother's Maiden Name, Mary A. Morrissy

Mother's Birthplace, Cork Ireland

Full Name of Father, Mich Conway

Father's Occupation, Stone Mason

10. Father's Birthplace, Cork Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address, Dr William Lee

Remarks, Entaw & Hoffman

for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH 96653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 12 1 September
4. *Place of Birth (Street and Number),* 421 little Alice Anna St
5. *Full Name of Mother,* Margarethe Fuchs
6. *Mother's Maiden Name,* Weisel
7. *Mother's Birthplace,* Bavaria (Germ)
8. *Full Name of Father,* John Fuchs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bavaria Germ

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks, Easton.

ning Co., City Printers and Stationers.

RETURN OF A BIRTH 96654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 1st 1887.
4. Place of Birth (Street and Number), #720 N. Eden St.
5. Full Name of Mother, Jennie Zimmerman.
6. Mother's Maiden Name, " Hubbard.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, S. Zimmerman.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Rena Hillegeist

Address, #182 E. Monument St.

Remarks, 1038 (New Number)

SEP 1887

ning Co., City Printers and Stationers.

RETURN OF A BIRTH, 96655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) Mädtchen
2. Race or Color, (if not of the white race) Witte
3. Date of Birth 1 ten September 1887
4. Place of Birth, (Street and Number) Patabsk Strict No 1726
5. Full Name of Mother, Marie Schefler
6. Mother's Maiden Name, Sheubleri
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Cedn Schefler
9. Father's Occupation, Stodr
10. Father's Birthplace, Fredrick

Name of Medical Attendant, or other Person who makes this Return.

Address, Karoline Schwarz Hiet Strict No 66

Remarks,

HEALTH DEPARTMENT, SEP 7 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 1 — 1887
4. Place of Birth (Street and Number),	507 Conway st
5. Full Name of Mother,	Ellen Hohnlaun
6. Mother's Maiden Name,	Murphy
7. Mother's Birthplace,	Ireland
8. Full Name of Father,	Henry Hohmann
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Schwaser Midwife
Address,	1032 Hanover st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 9665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 1st 1887
4. Place of Birth (Street and Number),	Balto 20 S Pratt Street
5. Full Name of Mother,	Mrs P H Galvin
6. Mother's Maiden Name,	Katie Green
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	P H Galvin
9. Father's Occupation,	Rail road Conductor
10. Father's Birthplace,	Albany N Y
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

ning Co., City Printers and Stationers.

RETURN OF A BIRTH.

96658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether ~~Male or~~ Female)
2. Race ~~or Color~~ (~~if not of the~~ white race)
3. Date of Birth Sep 1st 1887
4. Place of Birth (Street and Number) 34. E. Townsend st Balti City
5. Full Name of Mother Annie Coll
6. Mother's Maiden Name " Walsh
7. Mother's Birthplace Balti City
8. Full Name of Father John Coll
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James A Stewart M D

Address 611 Park ave

Remarks 6 hours - natural -

SEP 7 1887

RETURN OF A BIRTH 96659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

Sex, (state whether ~~male or~~ female)

2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* September 1st 1887.
4. *Place of Birth, (Street and Number)* S. Dallas St No 129
5. *Full Name of Mother,* Laura Henry
6. *Mother's Maiden Name,* Laura Dorden
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles J. Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Mueller

Address, S. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 9666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 1/87

4. Place of Birth, (Street and Number) # 892 W Lombard St

5. Full Name of Mother, Ella Provence

6. Mother's Maiden Name, " Floyd

7. Mother's Birthplace, Martinsburg W Va

8. Full Name of Father, Ephraim Provence

9. Father's Occupation, Engineer

10. Father's Birthplace, Greenborough Green Co Pa

Name of Medical Attendant, or other Person who makes this Return. A. L. Spiedmo

Address, 855 W Lombard St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

SEP 8 1887 BALTIMORE MD.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, September 1. 1887
4. Place of Birth (Street and Number), Cookesbt St 1118
5. Full Name of Mother, Annie Lamb
6. Mother's Maiden Name, Annie Brogan
7. Mother's Birthplace, England
8. Full Name of Father, Thomas Lamb
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, Cuba St 1619

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1. September 1887
4. Place of Birth (Street and Number),	Hollins Street. 1133.
5. Full Name of Mother,	Annie Amelia Lloyd.
6. Mother's Maiden Name,	Annie Amelia Tilling
7. Mother's Birthplace,	Baltimore County Md.
8. Full Name of Father,	John. C. Lloyd,
9. Father's Occupation,	Locksmith,
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter.
Address,	23 N. Poppleton St
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 76663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	1th Sept. 1887
4. Place of Birth (Street and Number),	Baltimore Lower N. 6th
5. Full Name of Mother,	Annie ~~Taylor~~ Walker
6. Mother's Maiden Name,	~~Taylor~~ Taylor.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Solyo. Walker.
9. Father's Occupation,	Bakery.
10. Father's Birthplace,	Curaçao
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

the death certificate, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	2nd
Sex (state whether male or female),	F
2. Race or Color (if not of the white race),	W
3. Date of Birth,	Sept 1st 1887
4. Place of Birth (Street and Number),	1506 Division st
5. Full Name of Mother,	Lizzie Victorine ~~Virginia~~ Conley
6. Mother's Maiden Name,	Cluney
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Edwin F Conley
9. Father's Occupation,	Bookkeeper
Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Dr. T. Winslow
Address,	1 Mount Royal Terrace
Remarks,	

and such Registrar fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, September 1st 1887
4. Place of Birth (Street and Number), 1461 Towson st
5. Full Name of Mother, Mrs Florence Filling
6. Mother's Maiden Name, Florence Davis.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Filling.
9. Father's Occupation, Box Maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Dr. M. Lake Hooper

Address, 1329 Hull st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH 9666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 1st 1887
4. Place of Birth, (Street and Number)	1829 Madison Ave
5. Full Name of Mother,	Sadie Shelton
6. Mother's Maiden Name,	" Walker
7. Mother's Birthplace,	Md
8. Full Name of Father,	Charles M. Shelton
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Va
Name of Medical Attendant, or other Person who makes this Return.	Thomas Pkie MD
Address,	600 N. Howard St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH

9.667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 1st 87
4. Place of Birth, (Street and Number)	709 N. Carey st
5. Full Name of Mother,	Judith Cohen
6. Mother's Maiden Name,	Grinsfelder
7. Mother's Birthplace,	Balto
8. Full Name of Father,	E. M. Cohen
9. Father's Occupation,	Wholesale Toy Importer
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N Howard St
Remarks,	

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept. 1st 1887
4. Place of Birth, (Street and Number)	1267 Battery av.
5. Full Name of Mother,	Ida V. Bender
6. Mother's Maiden Name,	Roberts
7. Mother's Birthplace,	Balto. City
8. Full Name of Father,	Phil. F. B. Bender
9. Father's Occupation,	B. & O. R. R. Conductor
10. Father's Birthplace,	W. Va
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

SEP 30 1887 BALTIMORE MD.

City Printers and Stationers.

RETURN OF A BIRTH 96669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 20 1887
BALTIMORE MD

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 1st
4. *Place of Birth, (Street and Number)* 922 West Baeto St
5. *Full Name of Mother,* Mrs Lizzie Baedwin Shipley
6. *Mother's Maiden Name,* Miss Lizzie Baedwin
7. *Mother's Birthplace,* A. A. County
8. *Full Name of Father,* Pembroke Shipley
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* Baeto

Name of Medical Attendant, or other Person who makes this Return. R. W. Mifflin M.D.

Address, New No. 425 Saratoga St

Remarks,

RETURN OF A BIRTH 96670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 1st
4. Place of Birth, (Street and Number) 305 N Poppleton St
5. Full Name of Mother, Mrs Patrick Meagher
6. Mother's Maiden Name, Mary Lealand
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Meagher
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* September the First 1887

4. *Place of Birth (Street and Number),* 132 Pierce St

5. *Full Name of Mother,* Mary Virginia Luciani

6. *Mother's Maiden Name,* Mary Virginia Russo

7. *Mother's Birthplace,* 383 Franklin St

8. *Full Name of Father,* Augustus Luciani

9. *Father's Occupation,* Shoe maker

10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Poppleton St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 1st

4. Place of Birth (Street and Number), 521 Walnut Alley

5. Full Name of Mother, Anna C. Eisman

6. Mother's Maiden Name, Anna C. Volk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Eisman

9. Father's Occupation, Tin & Sheet Iron Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Mannel Midwife

Address, New # 625 Saratoga str.

Remarks,

...ed, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96673.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Third Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 2" 1887.
4. Place of Birth (Street and Number),	Corns Lane
5. Full Name of Mother,	Mary Annie Stadter
6. Mother's Maiden Name,	" " Budel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	George Stadter
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96674.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex (state whether male or female),*	Boy.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	2nd of September 1887.
4. *Place of Birth (Street and Number),*	118 South Dallas street
5. *Full Name of Mother,*	Annie Eger
6. *Mother's Maiden Name,*	Annie Engerz.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charlie Engerz.
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

Penalties Are Recoverable.

...ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96675.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 2 of Sep 1887

4. Place of Birth (Street and Number), No 1017 Sommerset

5. Full Name of Mother, Barbara Kebauer

6. Mother's Maiden Name, Barbara Kus

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kabauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch. Sauer

Address, No 1059 Stafford Ave

Remarks, Bal Md

1887

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female),* Male Official Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 2 September

4. *Place of Birth (Street and Number),* 729 Barre St

5. *Full Name of Mother,* Marie S Hood

6. *Mother's Maiden Name,* Marie S Ticks

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William R. Hood

9. *Father's Occupation,* Car Reapear

10. *Father's Birthplace,* a a County M. D.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Schaffer

Address, 1139 Ridgley St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH 96677,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) two second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~White~~ White
3. Date of Birth, Sept 2
4. Place of Birth, (Street and Number) 316 N. High st
5. Full Name of Mother, Josephine Kramer
6. Mother's Maiden Name, " Pfister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. Kramer
9. Father's Occupation, Moulder
10. Father's Birthplace, Harford Co. M. D

Name of Medical Attendant, or other Person who makes this Return. Wm Ralph Gabriel

Address, No. 116. N. Irvington Lane

Remarks,

SEP 6 1887 BALTIMORE, MD.

City Printers and Stationers

RETURN OF A BIRTH 96678.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 2 of Sept 1887

4. Place of Birth (Street and Number), No 1535 Latrobe St

5. Full Name of Mother, Hannah Grandy

6. Mother's Maiden Name, Hannah Bopp

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Grandy

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1039 Harford Ave

Remarks, Bal Md

1887

For each offence, to be recovered as other fines and forfeitures are recoverable.

...ing Co., City Printers and Stationers

RETURN OF A BIRTH 96679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 11 child
2. *Sex, (state whether male or female)* Mald
3. *Race or Color, (if not of the white race)* Colar
4. *Date of Birth,* the 2 Sept 1874
5. *Place of Birth, (Street and Number)* No 218 Leet St.
6. *Full Name of Mother,* Harriet A Winters
7. *Mother's Maiden Name,* Harriet A Milanes
8. *Mother's Birthplace,* Baltimor md
9. *Full Name of Father,* Charles W Winters
10. *Father's Occupation,* Colar
11. *Father's Birthplace,* Labrage Va

Name of Medical Attendant, or other Person who makes this Return. Milly Gibbons

Address, No 229 York St

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96680.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 6 children

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, 2 September

4. Place of Birth (Street and Number), Howard st 944

5. Full Name of Mother, Sarid Fowler

6. Mother's Maiden Name, Daria Weaver

7. Mother's Birthplace, Virginnia

8. Full Name of Father, Walter Wears

9. Father's Occupation, Waiter

10. Father's Birthplace, Virginnia

Name of Medical Attendant, or other person who makes this Return. Emelia Johnson

Address, 125 E Hamilton st

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) maile

2. Race or Color, (if not of the white race) white

3. Date of Birth 2th September

4. Place of Birth, (Street and Number) 1512 E. Lombard cor. Dallas

5. Full Name of Mother, Barrer Gablem

6. Mother's Maiden Name, Barrer Manfried

7. Mother's Birthplace, Satho Russland

8. Full Name of Father, Louis Gablen

9. Father's Occupation, Failor

10. Father's Birthplace, Satho Russland

Name of Medical Attendant, or other Person who makes this Return. Rebeka Gablen

Address, A. Greenhood

Remarks, "

HEALTH DEPARTMENT SEP 5 1897 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 96682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ond
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept 2nd 1887
4. Place of Birth, (Street and Number)	#914 Hope St
5. Full Name of Mother,	Mary A. Pepersack
6. Mother's Maiden Name,	Winters
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Jos Pepersack
9. Father's Occupation,	Baker
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address,	Hanover St
Remarks,	

City Printers and Stationers.

RETURN OF A BIRTH 96683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) Fourth

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 2nd 1917

4. *Place of Birth (Street and Number),* 1411 Randall st

5. *Full Name of Mother,* Margaret A. Kyle

6. *Mother's Maiden Name,* Margaret A Bell

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* William R Kyle

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Nashville Tenn

Name of Medical Attendant, or other person who makes this Return. Mrs M A Cattell

Address, 26 E Montgomery St

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address, [illegible]

Remarks, [illegible]

..., City Printers and Stationers.

RETURN OF A BIRTH 96685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept - 2nd 1887
4. *Place of Birth (Street and Number),* 209 Greenmount
5. *Full Name of Mother,* Louise Sanner
6. *Mother's Maiden Name,* " Adde
7. *Mother's Birthplace,* N Orleans
8. *Full Name of Father,* James B. Sanner
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. D Shell M.D.

Address, 403 N. Exeter st —

Remarks,

...hing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)	First
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd 1887
4. Place of Birth (Street and Number)	920 Ryan St.
5. Full Name of Mother	Ann Stacia Hammond
6. Mother's Maiden Name	
7. Mother's Birthplace	Iceland
8. Full Name of Father	John Hammond
9. Father's Occupation	Machinist
10. Father's Birthplace	Iceland
Name of Medical Attendant, or other Person who makes this Return.	Thomas P. McCormick M.D.
Address	1529 Eutaw Place
Remarks	

RETURN OF A BIRTH 96687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2nd 1887
4. Place of Birth, (Street and Number) 1306 William St
5. Full Name of Mother, Lilly Barton
6. Mother's Maiden Name, " Rodrick
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm R. Barton
9. Father's Occupation, B & O. R.R.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. C. A. Cooke M.D.

Address, 104 Frohan

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH. 96688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 12 1887 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth (6) child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth September 2nd 1887

4. Place of Birth, (Street and Number) 104 Orleans St.

5. Full Name of Mother, Mary A. Simpson

6. Mother's Maiden Name, Mc Taggert

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, A. M. Simpson

9. Father's Occupation, Tinner

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH 96689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 2 [illegible]

4. Place of Birth, (Street and Number) 910 Jordan Alley

5. Full Name of Mother, Della Harrington

6. Mother's Maiden Name, Della Hilam

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry Harrington

9. Father's Occupation, Water

10. Father's Birthplace, Alfred VC

Name of Medical Attendant, or other Person who makes this Return. Lucy Cornish

Address, No 906 Jordan Alley

Remarks,

SEP 9 1887 BALTIMORE

..., City Printers and Stationers.

RETURN OF A BIRTH 96690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 2nd 1897
4. *Place of Birth (Street and Number),* No 1133 Cleveland St Balto
5. *Full Name of Mother,* Mary Magdalene Wheeler
6. *Mother's Maiden Name,* Mary Magdalene Hunter
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Chas Wesley Wheeler
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Dorchester County Maryland

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Paynetton St

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 26691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept. 2, 1857

4. *Place of Birth, (Street and Number)* N.E. Cor. Bankard & Duncan Alls.

5. *Full Name of Mother,* Emma Beckmann

6. *Mother's Maiden Name,* ~~Emma~~ Schnare

7. *Mother's Birthplace,* Balto. Md.

8. *Full Name of Father,* Franz Beckmann

9. *Father's Occupation,* Grocery and Provision Dealer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto. Md

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH 96692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 2 1887.
4. Place of Birth (Street and Number),	Lena Elgett.
5. Full Name of Mother,	Knaus.
6. Mother's Maiden Name,	11 W. Cross st.
7. Mother's Birthplace,	America
8. Full Name of Father,	John Elgett
9. Father's Occupation,	Laborer
10. Father's Birthplace,	America
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife
Address,	1032 Hanover st
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 14 1887 BALTIMORE, MD.

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, 2nd September
4. Place of Birth (Street and Number), Anna Kraf 1119 E. Lombard st.
5. Full Name of Mother, Anna Kraf
6. Mother's Maiden Name, Crieffzn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hermann Kraf
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 2nd September

4. Place of Birth (Street and Number), 40 Marsh Marked Space

5. Full Name of Mother, Allen Stuart

6. Mother's Maiden Name, Innright

7. Mother's Birthplace, Ireland

8. Full Name of Father, Alexander Stuart

9. Father's Occupation, Grocer

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Sarah Casher

Address, 1016 E Fleet st

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 2nd of September
4. *Place of Birth (Street and Number),* 310 Monroe St
5. *Full Name of Mother,* Bertha Willing
6. *Mother's Maiden Name,* Bertha Hossa
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolf Willing
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs O Dumas

Address, 1927 W Lombard St

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 2nd 1887.
4. Place of Birth, (Street and Number) S. Ann St No 412
5. Full Name of Mother, Sophia Laupus
6. Mother's Maiden Name, Sophia Wiedemeyer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Laupus.
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No. 114

Remarks,

...TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sep 2, 1887
4. *Place of Birth, (Street and Number)* 524 N. Burke St
5. *Full Name of Mother,* Emma Mans
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Mans
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St Balto. Md.

Remarks,

HEALTH DEPARTMENT SEP 9 1887 BALTIMORE, MD.

City Printers and Stationers.

Geo. Miller

RETURN OF A BIRTH 96698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2nd. 1887

4. Place of Birth, (Street and Number) no 14 East West St

5. Full Name of Mother, Mollie Shoffer

6. Mother's Maiden Name, " Ronston

7. Mother's Birthplace, Balto City

8. Full Name of Father, Theodore H. Shoffer

9. Father's Occupation, Wood Dealer

10. Father's Birthplace, Manchester Md

Name of Medical Attendant, or other Person who makes this Return. B. F. Herman MD

Address, 1924 Linden Ave

Remarks,

DEPARTMENT SEP 7 1887 BALTIMORE, MD.

for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2nd 87
4. Place of Birth, (Street and Number) 1611 E Pratt St
5. Full Name of Mother, Hannah Becker
6. Mother's Maiden Name, Brumfield
7. Mother's Birthplace, US
8. Full Name of Father, Philip Becker
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J W Elam MD

Address,

Remarks, "

for each offence to be recovered as other fines and forfeitures are recoverable.

, City Printers and Stationers.

RETURN OF A BIRTH 96700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Sept 2 nd 1867

4. *Place of Birth, (Street and Number)* 220 E. Bond St

5. *Full Name of Mother,* Margaret Ce L'Engle

6. *Mother's Maiden Name,* " " Martin

7. *Mother's Birthplace,* D. C.

8. *Full Name of Father,* Thomas B. L'Engle

9. *Father's Occupation,* Restaurant Proprietor

10. *Father's Birthplace,* Richmond, Va

Name of Medical Attendant, or other Person who makes this Return. J. L. McIntire

Address, 220 E. Bond

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH 96701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Sept. 2/87
4. *Place of Birth, (Street and Number)* N. E. Cor. Bank and Collington
5. *Full Name of Mother,* Jennie E. Lunan
6. *Mother's Maiden Name,* " " Brooks
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Alvin S. Lunan
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* B.C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Mitchell

Address, 226 S. Bdy

Remarks,

ity Printers and Stationers.

RETURN OF A BIRTH 96702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 2 1887.
4. Place of Birth (Street and Number),	1620 Elisebethe lane
5. Full Name of Mother,	Lizzie Kuhn
6. Mother's Maiden Name,	Luther.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Gustav Kuhn
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohmasser. Midwife.
Address,	1032 Hanover st
Remarks,	

the duty of the person or parents of such child to report its birth to mother. Immediately thereafter it shall become the duty within the period above required, and any such person or persons the Commissioner of Health, in the manner and within who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jessie Battan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Negro

3. Date of Birth, Sept. 2nd 87

4. Place of Birth (Street and Number), 511 N. Paca st.

5. Full Name of Mother, Kate ~~Battan~~ Battan

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, George Battan

9. Father's Occupation, Workman

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. F. W. Gardner

Address, 424 N. Greene St.

Remarks, GIVEN NAME ADDED 11-6-53

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sep. 2d 1887.

4. *Place of Birth (Street and Number),* 557 Dolphin

5. *Full Name of Mother,* Mary E. Bateman

6. *Mother's Maiden Name,* Stone

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Wm. W. Bateman

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Mad. Ave.

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96705.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3d day of September 1887
4. *Place of Birth, (Street and Number)* Harrison St No 220
5. *Full Name of Mother,* Sarah Hackerman
6. *Mother's Maiden Name,* Sarah Goodman
7. *Mother's Birthplace,* Baltimore City Maryland
8. *Full Name of Father,* Benjamin Hackerman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. W.W. Reiß Hebamme

Address, No 116. Hr Fürstenstein Baltimore

Remarks, W.C.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 6 1887 BALTIMORE, MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 3rd 87
4. *Place of Birth, (Street and Number)* 916 S Exeter St
5. *Full Name of Mother,* Mary L Brown
6. *Mother's Maiden Name,* Mary L Rick
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Harry E Brown
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Pittsburg Pa.

Name of Medical Attendant, or other Person who makes this Return. D E Maguire M.D.

Address, 111 S Exeter St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-14-50 GIVEN NAME ADDED 2-14-50

RETURN OF A BIRTH, 96-07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Magdalene Agnes Schlick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* September 3rd

4. *Place of Birth, (Street and Number)* No 1528 Ghent St

5. *Full Name of Mother,* Louisa (Schlick) Schlick

6. *Mother's Maiden Name,* Schultz

7. *Mother's Birthplace,* Philadelphia

8. *Full Name of Father,* Nicklas (Schlick) Schlick

9. *Father's Occupation,* Stevedor

10. *Father's Birthplace,* New York

Name of Medical Attendant, or other Person who makes this Return. Louisa Schultz

Address, No 528 Washington St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male ~~or female~~)
2. Race or color, (if not of the white race) White
3. Date of Birth, September 3th 1887.
4. Place of Birth, (Street and Number) Walker St No 1622
5. Full Name of Mother, Margaretha Brünning
6. Mother's Maiden Name, Margaretha Wich
7. Mother's Birthplace, Hanofer. Germany.
8. Full Name of Father, John Brünning
9. Father's Occupation, Laborer
10. Father's Birthplace, Underoden Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Miller

Address, N. Dallas St No 114

Remarks,

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Sept. 3rd 1881.

4. Place of Birth, (Street and Number) 1830 E. Biddle St.

5. Full Name of Mother, Mary E. Rochester.

6. Mother's Maiden Name, Fay.

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, Clarence E. Rochester

9. Father's Occupation, Stone-Polisher

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. John M. White, M. D.

Address, 1039 N. Broadway.

Remarks,

City Printers and Stationers.

RETURN OF A BIRTH.

96710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 3rd September 1887

4. Place of Birth (Street and Number) 1032 W. Lombard st

5. Full Name of Mother Jennie Hoyer

6. Mother's Maiden Name Jennie Tate

7. Mother's Birthplace Balto. Co.

8. Full Name of Father Thomas Hoyer

9. Father's Occupation Milk dealer

10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. F. T. Benson M.D.

Address 1047 Hollins st

Remarks

RETURN OF A BIRTH 96711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
Sex, (state whether male or female)	female
Race or Color, (if not of the white race)	Colored
Date of Birth,	Sept. 3. /87.
Place of Birth, (Street and Number)	822 China Stret
Full Name of Mother,	Alverda. Scott.
Mother's Maiden Name,	Alverda Young
Mother's Birthplace,	Baltimore
Full Name of Father,	Stephen Scott
Father's Occupation,	Laborer
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Sarah. Brown
Address,	827 China Street.
Remarks,	

RS AND STATIONERS

RETURN OF A BIRTH 96712.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* September 3rd/87

4. *Place of Birth (Street and Number),* 931 Bond St.

5. *Full Name of Mother,* Mary E. Mooney

6. *Mother's Maiden Name,* Mary E. Sweeney

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jno. D. Mooney

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppleton St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96713.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6"

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, September 3rd 1887
4. Place of Birth, (Street and Number) 534 Wilmot Alley
5. Full Name of Mother, Mary F. Timms
6. Mother's Maiden Name, Mary F. Douglass.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Richard Timms
9. Father's Occupation, Junk Dealer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Celestia Cook

Address, 108 Shields Alley

Remarks,

HEALTH DEPARTMENT, SEP 22 1887 BALTIMORE, MD.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

96714.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether ~~Male~~ or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 3d 1887.
4. *Place of Birth (Street and Number)*	1113 Etting St.
5. *Full Name of Mother*	Estelle Simmons
6. *Mother's Maiden Name*	Estelle Spangler
7. *Mother's Birthplace*	Baltimore. Md.
8. *Full Name of Father*	Edw L. Simmons
9. *Father's Occupation*	Drug Clerk
10. *Father's Birthplace*	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return.	Addison L. Fox. M.D.
Address	504. W Fayette St Balto Md
Remarks	

RETURN OF A BIRTH 96715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Septr. 3d 1887.

4. Place of Birth (Street and Number), 602 Gold St.

5. Full Name of Mother, Mary H. Doyle

6. Mother's Maiden Name, Hoban

7. Mother's Birthplace, Balto. Co. Md.

8. Full Name of Father, Bernard Doyle

9. Father's Occupation, Car Conductor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. H. Christian M.D.

Address, 1821 Madison Ave

Remarks,

hing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96716.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) male -

2. Race or Color, (if not of the white race) White

3. Date of Birth 631 N. Schroeder st

4. Place of Birth, (Street and Number) Sept 4th 1887

5. Full Name of Mother, Mary E. Hogan

6. Mother's Maiden Name, " " McHugh

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, John Edward Hogan

9. Father's Occupation, Carpenter & Builder

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Harvey Wile M.D.

Address, 807 Hanover Avenue

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

SEP 12 1887 BALTIMORE MD

Co., City Printers and Stationers.

RETURN OF A BIRTH 9677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 4 September 1887
4. *Place of Birth (Street and Number),* 203 Gaspee St
5. *Full Name of Mother,* Barbara Reuwer
6. *Mother's Maiden Name,* Neuberger
7. *Mother's Birthplace,* Eichenbuhl Bayern
8. *Full Name of Father,* Theodore Reuwer
9. *Father's Occupation,* Flechter
10. *Father's Birthplace,* Hannover Germany

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Papineton St

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96718.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 1 of September

4. *Place of Birth (Street and Number),* 1507 West Baltimore St.

5. *Full Name of Mother,* Mary Goos.

6. *Mother's Maiden Name,* Mary Heinch

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Goos.

9. *Father's Occupation,* Cigarmaker

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Friederike Hauber Midwife

Address, 2116 West Pratt St. Baltimore

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd 96719
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	2/14-1887
4. Place of Birth (Street and Number),	144 Johnson -
5. Full Name of Mother,	Anna M. Hoffman
6. Mother's Maiden Name,	" " Cooper
7. Mother's Birthplace,	Penna.
8. Full Name of Father,	Henry J. C. Hoffman
9. Father's Occupation,	Machinist -
10. Father's Birthplace,	Balto. Co.
Name of Medical Attendant, or other person who makes this Return.	Abbott MD
Address,	408 E. Eager -
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

96720.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether male or female),* Boy
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 4th 1889
4. *Place of Birth (Street and Number),* 206 Jasper St
5. *Full Name of Mother,* Margaret Tallmire Minton Kelly
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Minton
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Susan Hunter

Address, 23 N. Poppleton St

Remarks,

ing Co., City Printers and Stationers.

RETURN OF A BIRTH 96721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 4" 1887. ~~No 2435 Canton Ave.~~

4. Place of Birth (Street and Number), No 2435 Canton Ave.

5. Full Name of Mother, Mary Posinger

6. Mother's Maiden Name, " Wolton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Posinger

9. Father's Occupation, Labora

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Wiley

Address, No 611 Patterson Park Ave.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH

96722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) Colard Race
3. Date of Birth, Sep 4 1887
4. Place of Birth, (Street and Number) 2243 E McElroy St
5. Full Name of Mother, Mary Alice Jackson
6. Mother's Maiden Name, Mary Alice Thompson
7. Mother's Birthplace, St Mary County
8. Full Name of Father, James Jackson
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern Shore Dorchester

Name of Medical Attendant, or other Person who makes this Return. Lucindia Woodford

Address, 439 N Register St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT OF HEALTH SEP 6 1887 BALTIMORE CITY

..., City Printers and Stationers.

RETURN OF A BIRTH 96723.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 of September 1887

4. Place of Birth, (Street and Number) Baltimore 119 Barney Street

5. Full Name of Mother, Louisa Young

6. Mother's Maiden Name, Louisa Fentare

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Young

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Boston

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donalson

Address, 1824 Byrd St Baltimore

Remarks, Mother is doing well baby is suffering with Gunders.

SEP 1 1887

City Printers and Stationers.

RETURN OF A BIRTH. 96724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primipara

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 4th. 187. 10. P.M

4. Place of Birth, (Street and Number) 748 W Lexington St

5. Full Name of Mother, Alice Buchen

6. Mother's Maiden Name, Alice Sulzbacher

7. Mother's Birthplace, Baltimore. Md

8. Full Name of Father, Abraham Buchen

9. Father's Occupation, Mercantile Salesman

10. Father's Birthplace, Chillicothe Ohio

Name of Medical Attendant, or other Person who makes this Return. A H Saxton. M D

Address, 1136 Lexington

Remarks,

SEP 10 1887 BALTIMORE CITY

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 4 1887

4. *Place of Birth (Street and Number),* 1903 Druid Hill Ave

5. *Full Name of Mother,* Sarah Brown

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Edward James

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Alabama

Name of Medical Attendant, or other person who makes this Return. Alan P Smith M D

Address, 24 W. Franklin St Balto.

Remarks,

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Heil

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 7th 1887

4. *Place of Birth (Street and Number),* 1017 Warner St.

5. *Full Name of Mother,* ~~Henrietta Reviol~~ Margaret Heil

6. *Mother's Maiden Name,* Henrietta Reviol

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry F. Heil

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Auguste Bosien

Address, 927 Sharp Street

Remarks, Ernst Sekloman 1039 Hanover

HEALTH DEPARTMENT SEP 4 1887 BALTIMORE

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96727.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 4. 1887.
4. Place of Birth (Street and Number)	758 W. George st.
5. Full Name of Mother	Mary Emma Dawson
6. Mother's Maiden Name	" " Green
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles Francis Dawson
9. Father's Occupation	Jeweler
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	A Boyd Wylie MD
Address	507 W Saratoga st.
Remarks	

RETURN OF A BIRTH 96728.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Freche

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sep. 4, 1887.
4. *Place of Birth (Street and Number),* 1168 Little McElderry St
5. *Full Name of Mother,* Yettie Kaufman
6. *Mother's Maiden Name,* Yettie Kornheim
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Kaufman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st No 103.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96729.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	The 13 Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	The 4 of Sept 1887
4. *Place of Birth (Street and Number),*	No 1202 Aisquith St
5. *Full Name of Mother,*	Augustina Henning
6. *Mother's Maiden Name,*	Augustina Henning
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Charles Henning
9. *Father's Occupation,*	Tinkelearning
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ch Lucas
Address,	No 105 Harford Ave
Remarks,	Bal Md
	1887

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 96730.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 5th September
4. *Place of Birth (Street and Number),* 111 Laurel st
5. *Full Name of Mother,* Mary Felsch
6. *Mother's Maiden Name,* Neumann
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Felsch
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 14 1897 BALTIMORE MD

...shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept. 5" 1887.
4. Place of Birth (Street and Number),	No 1025 Chesapeake str.
5. Full Name of Mother,	Kate Prelip
6. Mother's Maiden Name,	" Crozzmane
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Crozzman
9. Father's Occupation,	Carpenter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Pattison Park Ave
Remarks,	

ing Co., City Printers and Stationers

RETURN OF A BIRTH 96732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 7 Child
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	The 3 of Sept 1887
4. *Place of Birth (Street and Number),*	No 119 Central Ave
5. *Full Name of Mother,*	Kate Traguer
6. *Mother's Maiden Name,*	Kate Kemmer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Traguer
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Chas Ch. Lauer
Address,	No 1059 Hanford Ave
Remarks,	Bal Md
	1887

The neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96733.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 W.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Sept. 5 / 87
4. *Place of Birth, (Street and Number)* 240 S. Ann
5. *Full Name of Mother,* Petronella M. Conradi
6. *Mother's Maiden Name,* " " Abele
7. *Mother's Birthplace,* Canal Dover Ohio
8. *Full Name of Father,* F. A. Conradi
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* Wooster Ohio

Name of Medical Attendant, or other Person who makes this Return. J. L. Mitchell

Address, 226 S. Bdy

Remarks,

SEP 10 1887 BALTIMORE, MD.

...for each offense to be recovered as other Rents and Taxes are recovered.

..., City Printers and Stationers.

RETURN OF A BIRTH 96734.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)*
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* September 5th 1887
4. *Place of Birth, (Street and Number)* N. Caroline St No 806
5. *Full Name of Mother,* Clara Hendricks
6. *Mother's Maiden Name,* Clara Gerstenberger
7. *Mother's Birthplace,* Danzig. Prussia Germany.
8. *Full Name of Father,* Fredrick G. Hendricks.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Danzig. Prussia Germany.

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N. Dallas St No 114

Remarks,

jected to the like of ten ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Labes
3. *Date of Birth,* September 5 1887
4. *Place of Birth, (Street and Number)* ohio abrune 815
5. *Full Name of Mother,* anne Stevens
6. *Mother's Maiden Name,* anne Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dem Stiros
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Wilson

Address,

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 13 1887

..., City Printers and Stationers.

RETURN OF A BIRTH 96736.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 2nd 1897

4. *Place of Birth (Street and Number),* Scott near Baltimore

5. *Full Name of Mother,* Josephine Birkmaier

6. *Mother's Maiden Name,* " " Karb of

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Julius Birkmeier

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Frost st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96737.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* September 8 / 87

4. *Place of Birth (Street and Number),* 813 Vincent Ct.

5. *Full Name of Mother,* Mary Owens

6. *Mother's Maiden Name,* Mary Harris

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* William Owens

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Moreland

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

967.38.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5th 1887

4. Place of Birth, (Street and Number) No 1513, Byrd st

5. Full Name of Mother, Mary Rice

6. Mother's Maiden Name, Mary Rieeberg

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredrich Rice

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517. Byrds

Remarks,

BRITISH DEPARTMENT
SEP 8 1887
BALTIMORE MD

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96739.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White Race

3. Date of Birth, 5 September

4. Place of Birth (Street and Number), Locust Point Hubert St 1760

5. Full Name of Mother, Bridget Boyle

6. Mother's Maiden Name, Bridget Boyle

7. Mother's Birthplace, Canada

8. Full Name of Father, Patrick Burns

9. Father's Occupation, Laborer

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Dr Thornton Hubert Street

Remarks, Locust point

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Baltmore

4. *Place of Birth (Street and Number),* 1236 Canton Street

5. *Full Name of Mother,* Caroliene Reich

6. *Mother's Maiden Name,* " Schinitzka

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Ludewig Reich

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Pauliene Lierzemann

Address, 1225 Hare Street Baltimore

Remarks, —

...who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (96741)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6, 1887
4. Place of Birth, (Street and Number) 1104 E. Fayette St.
5. Full Name of Mother, Margaret Eliza Hogan,
6. Mother's Maiden Name, Margaret Eliza McGinnis,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas F. Hogan,
9. Father's Occupation, Clerk
10. Father's Birthplace, New York,

Name of Medical Attendant, or other Person who makes this Return J. W. Houck M.D.

Address, 1005 E. Baltimore St.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* September 6 / 87

4. *Place of Birth (Street and Number),* No 517 S. Dallas St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Mrs. Kate Scheeres

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mrs Friedrich Kaufmann

Address, No 517 S. Dallas St

Remarks,

for each offence, to be recovered as other fines and forfeitures

shing Co., City Printers and Stationers.

RETURN OF A BIRTH 96743.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 6 of Sept 1887

4. Place of Birth (Street and Number), No 1228 Aisquith St

5. Full Name of Mother, Theresia Loritz

6. Mother's Maiden Name, Theresia Peiffer

7. Mother's Birthplace, Havre De Grace

8. Full Name of Father, James Loritz

9. Father's Occupation, Carpenter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford Ave

Remarks, Bal Md 1887

...ishing Co., City Printers and Stationers

...ns of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 6-1887
4. Place of Birth (Street and Number), 1947 E. Monument
5. Full Name of Mother, Mollie Hamburger
6. Mother's Maiden Name, " Pollack
7. Mother's Birthplace, Balti
8. Full Name of Father, Henry Hamburger
9. Father's Occupation, Book keeper
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. D. Streett M.D.

Address, 403 S. N. Exeter St.

Remarks,

11 11

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96745.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Estella May Conrad
1. *Sex, (state whether male or female)*	~~Female~~
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 6th
4. *Place of Birth, (Street and Number)*	1025 Penna. ave
5. *Full Name of Mother,*	annie V Conrad
6. *Mother's Maiden Name,*	annie V. Wicks
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father.*	Wm. D. A. Conrad
9. *Father's Occupation,*	Marble polisher
10. *Father's Birthplace,*	Balto. city
Name of Medical Attendant, or other Person who makes this Return	L B Booth MD
Address,	1124 Druid Hill Ave
Remarks,	CITY NAME ADDED. 1-9-52

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96746.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 9. 6. 87.

4. Place of Birth, (Street and Number) 805 George st

5. Full Name of Mother, Mrs. Alice Rail Collier

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mrs. Frances Rail

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. L. W. Eastman

Address, 772 Lund

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers

RETURN OF A BIRTH 96747.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White. (born)
3. *Date of Birth,*	Sept. 6(77) 1887
4. *Place of Birth, (Street and Number)*	410 N. Carey St.
5. *Full Name of Mother,*	Roberta Weiller.
6. *Mother's Maiden Name,*	" Gottschalk.
7. *Mother's Birthplace,*	" Baltimore.
8. *Full Name of Father,*	Harry C. Weiller.
9. *Father's Occupation,*	Liquor Dealer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Thomas O'Dee M.D.
Address,	600 N. Howard St.
Remarks,	"

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

96748.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 6 — 1887.
4. Place of Birth (Street and Number),	2022 Light st
5. Full Name of Mother,	Hannah Schlegel.
6. Mother's Maiden Name,	Leffler.
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Samuel Schlegel
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser Midwife,
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ... for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no of Child 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, born Sep 6. 1887
4. Place of Birth, (Street and Number) 1016 Chappel St
5. Full Name of Mother, Cornelia White was age 28
6. Mother's Maiden Name, Cornelia Blunt
7. Mother's Birthplace, Edenton NC
8. Full Name of Father, Henry White age 33
9. Father's Occupation, oyster Shucker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Ellen Corson address 1026 north Chappel St

Remarks, [illegible] [illegible]

NTERS AND STATIONERS

RETURN OF A BIRTH 96750.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 6th 1887

4. *Place of Birth, (Street and Number)* 1323. Mosher st

5. *Full Name of Mother,* Mary Ellen Smith

6. *Mother's Maiden Name,* Mary Ellen Simms

7. *Mother's Birthplace,* Baltimore City Md

8. *Full Name of Father,* Albert Anderson Smith

9. *Father's Occupation,* Scroll Sawyer

10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return J.C. Hemmer

Address, 212 Franklin st.

Remarks,

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96751.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Etta

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sep, 6, 1887
4. *Place of Birth (Street and Number),* 1137 Little Mc Elderry St
5. *Full Name of Mother,* Fannie Sarr
6. *Mother's Maiden Name,* Fannie Bakel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Sarr
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st No 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday Sept. 7th. 1887
4. Place of Birth, (Street and Number) 1723 Harlem Ave.
5. Full Name of Mother, Louisa S. Duvall,
6. Mother's Maiden Name, Louisa Schofield,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John M. Duvall
9. Father's Occupation, ~~Commercial~~ Travelling Salesman
10. Father's Birthplace, Anne Arundel Co, Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Forrest Place

Remarks, " "

Report its birth to the Commissioner of Health, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 23 1887 BALTIMORE MD.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3d

Sex (state whether male or female), female

2. Race or Color (if not of the white race), whe

3. Date of Birth, Aug. 7. 1887 (3 a m.)

4. Place of Birth (Street and Number), 522 N. Schroder st

5. Full Name of Mother, Amanda L Morrow

6. Mother's Maiden Name, " " Horwser

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Morrow

9. Father's Occupation, Reporter on "Sun"

Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return. G Lane Tannyhill

Address, 922 Madison ave.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

GIVEN NAME ADDED 10-7-55

RETURN OF A BIRTH

96754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Lee Norfolk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Sept 7th 1887
4. Place of Birth (Street and Number), 1017 Argyle Av.
5. Full Name of Mother, Agnes G. Norfolk.
6. Mother's Maiden Name, Agnes G. Osborn.
7. Mother's Birthplace, Calvert Co, Md.
8. Full Name of Father, Joseph R Norfolk.
9. Father's Occupation, Plasterer.
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. John D Pennington M.D.

Address, 804 N Carrollton Av.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96755

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 9
1. *Sex, (state whether male or female)*	Mail
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	the 1 of September
4. *Place of Birth, (Street and Number)*	No 1210 Wholesale Street
5. *Full Name of Mother,*	Florence Sutters
6. *Mother's Maiden Name,*	Florence Malender
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas L Sutters
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Formley
Address,	No 1685 Little Walsh St
Remarks,	Non

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH 9675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* Sept 4, 1887

4. *Place of Birth, (Street and Number)* 14 Carlton St

5. *Full Name of Mother,* Elizabeth Stewart Turner

6. *Mother's Maiden Name,* Blackstone

7. *Mother's Birthplace,* Accomac Co Va

8. *Full Name of Father,* Hampton Turner

9. *Father's Occupation,* Cigar maker

Father's Birthplace, Charleston S.C.

Name of Medical Attendant, or other Person who makes this Return. V. L. Monroe M.D.

Address, 939 N Fayette St.

Remarks,

---

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 7
4. *Place of Birth, (Street and Number)* 219 N exter sthee
5. *Full Name of Mother,* franse Hanhasend
6. *Mother's Maiden Name,* franse yass
7. *Mother's Birthplace,* Bone in europ in mains
8. *Full Name of Father,* Carld Myers
9. *Father's Occupation,* Leber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Miss Shuman

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baby Girl Florence Gelb.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white
3. Date of Birth,	Sept 7 1884
4. Place of Birth, (Street and Number)	622½ German st
5. Full Name of Mother,	Julia Gelb
6. Mother's Maiden Name,	Gutman
7. Mother's Birthplace,	Hungary
8. Full Name of Father,	Philip Gelb
9. Father's Occupation,	Tailor
Father's Birthplace,	Hungary
Name of Medical Attendant, or other Person who makes this Return.	Friedenwald
Address,	910 N Eutaw st
Remarks,	GIVEN NAME ADDED. 6-12-52

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 15 1884 DEPARTMENT OF HEALTH BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 96759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, Mary

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 7, 1887

4. *Place of Birth (Street and Number),* Rosie Weinberg

5. *Full Name of Mother,* Rosie Fishes

6. *Mother's Maiden Name,* Austria

7. *Mother's Birthplace,* # 171 Harrison St

8. *Full Name of Father,* Joe Weinberg

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st # 103.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH.

96760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 7.
4. *Place of Birth (Street and Number)*	113 York Street
5. *Full Name of Mother*	Emma Brown
6. *Mother's Maiden Name*	Emma Morrison
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Leigh Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Charity Ivy Boulden
Address	808 Stockholm Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 7th 1887
4. Place of Birth, (Street and Number) No 1234 Hanover st
5. Full Name of Mother, Catherine Denning
6. Mother's Maiden Name, Catherine Landergan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Landergan
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Kornuny

Address, No 1517 Byrd st

Remarks,

SEP 10 1887 BALTIMORE, MD.

For each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First,

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 7th 1887

4. *Place of Birth (Street and Number),* 1905 Druid Hill Ave

5. *Full Name of Mother,* Mary Smith

6. *Mother's Maiden Name,* " " " "

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William Jackson

9. *Father's Occupation,* Laborer

Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Jasmine McAlpine M.D.

Address, Mosher St & Druid Hill Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 96763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	Sept 7th 1887
4. *Place of Birth, (Street and Number)*	705 Ensor St
5. *Full Name of Mother,*	Nancy - Oliver
6. *Mother's Maiden Name,*	" Butler
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Wesley - Oliver
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	Irving Miller M D
Address,	1207 E. Monument St,
Remarks,	

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, September 4th 1857

4. Place of Birth (Street and Number), 751 N. Saratoga St.

5. Full Name of Mother, Mary Cunningham McEneary.

6. Mother's Maiden Name, Mary Cunningham Hunter.

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, John Mercer McEneary.

9. Father's Occupation, Printer.

10. Father's Birthplace, Reading Mass.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppleton St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 8th. 1887.
4. *Place of Birth, (Street and Number)* New # 2016 Christian St.
5. *Full Name of Mother,* Mary Cath. Collins,
6. *Mother's Maiden Name,* Mary Cath. Robinson.
7. *Mother's Birthplace,* Wallington, D.C.
8. *Full Name of Father,* Joseph A. Collins.
9. *Father's Occupation,* Plumber.
10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return. H. L. Phlc. M.D.

Address, N.E. cor. Carrollton Av. & Fayette St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Sept 8th 1887
4. *Place of Birth (Street and Number),* 750 Saratoga St,
5. *Full Name of Mother,* Eliza J Heath.
6. *Mother's Maiden Name,* Eliza J Rochester.
7. *Mother's Birthplace,* Queen Anns Co Md
8. *Full Name of Father,* George R Heath
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. Thos Pennington MD

Address, 804 N Carrollton Av

Remarks, 111

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twelth Child

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 8th of September

4. Place of Birth (Street and Number), 320 Saratoga st

5. Full Name of Mother, Netty Loffin

6. Mother's Maiden Name, Nitty Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Loffin

9. Father's Occupation, Business Man

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Sadler

Address, 415 New st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White race
3. *Date of Birth,*	September the 5th
4. *Place of Birth (Street and Number),*	Baltimore Byrd st No 1324
5. *Full Name of Mother,*	amelia Chandler
6. *Mother's Maiden Name,*	Hyes
7. *Mother's Birthplace,*	Carroll Co Md
8. *Full Name of Father,*	peter Chandler
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant. or other person who makes this Return.	Elizabeth Kuthorn
Address,	light st No 1518
Remarks,	"

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11, Abram

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sep 8, 1887.
4. *Place of Birth (Street and Number),* 133, Harrison St
5. *Full Name of Mother,* Annie Goldman
6. *Mother's Maiden Name,* Annie Cahn
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Benejeman Goldman
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 96770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, Sept. 8th 1887

4. Place of Birth (Street and Number), Eastern Ave.

5. Full Name of Mother, Rosia Sardell

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Donade Sardell

9. Father's Occupation, Laborer

Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. Bernstein

Address, 122 S. Exeter st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9 6771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* Sept 8/ 1887

4. *Place of Birth (Street and Number),* 2320 Essex St.

5. *Full Name of Mother,* Elizabeth Thieme

6. *Mother's Maiden Name,* Elizabeth Kemp

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Thieme

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mary L. Swayne

Address, 726 Luzerne St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William R. Tilman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th and 7th Child

1. Sex, (state whether ~~male or female~~) male
2. Race or color, (if not of the white race) White
3. Date of Birth, September 8th 1887.
4. Place of Birth, (Street and Number) N. Bond St No. 909
5. Full Name of Mother, ~~Fanny Tillmann~~ Fannie Tilman
6. Mother's Maiden Name, ~~Fanny~~ Herrisburger, Fannie
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Philipp ~~Tillmann~~ Tilman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks, Twins CERTIFICATE CORRECTED 2-21-52

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* 8 September
4. *Place of Birth (Street and Number),* Washington av. new 1146
5. *Full Name of Mother,* Louise Joyce
6. *Mother's Maiden Name,* Luise Lilberjahn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Joyce
9. *Father's Occupation,* cuper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 C. St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...blishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 8th September
4. *Place of Birth, (Street and Number)* 328 S. Population St
5. *Full Name of Mother,* Mary Ann Conney
6. *Mother's Maiden Name,* Mary Ann Hirsch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Conney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gross

Address, 413 S. Population

Remarks,

---

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept 8/07
4. *Place of Birth, (Street and Number)* 2043 E. Lombard
5. *Full Name of Mother,* Mary E. Naselbeck
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Ble
8. *Full Name of Father,* John Naselbeck
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Ble

Name of Medical Attendant, or other Person who makes this Return. J. L. Winters

Address, 226 S. Bdy

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

96776.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 8 of September 1887.
4. *Place of Birth (Street and Number)* No 5.71 Walnut Alley.
5. *Full Name of Mother* Kate Kreiner.
6. *Mother's Maiden Name* Kate Schweitzer.
7. *Mother's Birthplace* is Baltimore
8. *Full Name of Father* Charles Kreiner.
9. *Father's Occupation* is Seaman
10. *Father's Birthplace* is Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Teresa Geller No. 538 Biddle Alley.

Remarks

RETURN OF A BIRTH 96777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* September the 8th

4. *Place of Birth (Street and Number),* No 1732 Christian St

5. *Full Name of Mother,* Jennie Bistel

6. *Mother's Maiden Name,* Jennie Bass

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Willian Bistel

9. *Father's Occupation,* Machinist

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, 1927 N Lowland St

Remarks,

The Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96778.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 8th 1887
4. Place of Birth (Street and Number), McHenry St
5. Full Name of Mother, Seizer Wacktee
6. Mother's Maiden Name, Seizer Dunn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jim Wacktee
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Chatrine Mitchell

Address, Caldner Alley 112 No

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96779.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 8 1887
4. Place of Birth (Street and Number),	Cooper & 9 No St
5. Full Name of Mother,	Mary Mohaney
6. Mother's Maiden Name,	Mary Dirskel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	James Mohaney
9. Father's Occupation,	Labor
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Catharine Mitchell
Address,	Caldner 112 No 8 St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1887
4. *Place of Birth, (Street and Number)* 1259 Johnson St
5. *Full Name of Mother,* Louisa Pickett
6. *Mother's Maiden Name,* Louisa Clabaugh
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* A. Ed. Pickett
9. *Father's Occupation,* Conductor on B & O R.R
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. B F Phillips

Address, 735 S Lombard St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96781.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Sept 9th 1867

4. *Place of Birth, (Street and Number)* 1325 Hull

5. *Full Name of Mother,* Phillis Hawkins

6. *Mother's Maiden Name,* " Salisbury

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Thomas A. Hawkins

9. *Father's Occupation,* Mariner

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return. J. L. Bitting

Address, 1226 S. Bond

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 96782.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* Sep. 7/87
4. *Place of Birth, (Street and Number)* No. 2230. Hanover St.
5. *Full Name of Mother,* Mary Sachs
6. *Mother's Maiden Name,* " Trockenbroad.
7. *Mother's Birthplace,* Prusia Europe
8. *Full Name of Father,* Geo. Sachs.
9. *Father's Occupation,* Labor Man.
10. *Father's Birthplace,* Prusia. Europe

Name of Medical Attendant, or other Person who makes this Return. Annie Geems

Address, No. 634. Leight St.

Remarks, Yours Truly.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96783,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	9th of September 1857.
4. Place of Birth (Street and Number),	119 Cor. Wolf and Fayette sts
5. Full Name of Mother,	Josephina Seidelmeier
6. Mother's Maiden Name,	Josephina Baker.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	John Baker.
9. Father's Occupation,	Butcher.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

the Commissioner of Health, In the manner and within the period above required, And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96784.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 9th 1897
4. *Place of Birth (Street and Number),* 222 Albemarle st.
5. *Full Name of Mother,* Kate Henry
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

mother, immediately thereafter it shall become the duty of the person required, and any such person or persons the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96785.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, Sept. 9th 1887
4. Place of Birth (Street and Number), 70 E. Lombard st.
5. Full Name of Mother, Sarah Holschweig
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Israel Holschweig
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. Bernstein

Address, 122 S. Exeter st

Remarks,

Mother, immediately thereafter, [illegible] the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96786.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 9 1887.
4. Place of Birth (Street and Number),	655 Haw st.
5. Full Name of Mother,	Dora Hausmann.
6. Mother's Maiden Name,	Schmidt
7. Mother's Birthplace,	America.
8. Full Name of Father,	Jacob Hausmann
9. Father's Occupation,	Dray man.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health. In the manner and within the period aforesaid, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September the 9th 1887

4. *Place of Birth, (Street and Number)* 1422 n Aisquith St

5. *Full Name of Mother,* Minnie Pfeiffer

6. *Mother's Maiden Name,* " " Pfeiffer

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Charles A Pfeiffer

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other Person who makes this Return. .....

Address, ...

Remarks, ...

.....

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 22 1887 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 96788.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sep the 9th

4. Place of Birth, (Street and Number) Arlington Ave no 239.

5. Full Name of Mother, Sarah Catherine Angelsmier

6. Mother's Maiden Name, " " Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John L Angelsmier

9. Father's Occupation, Laber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Ledley

Address, 1004 Lexington St,

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 9th 1897.
4. *Place of Birth (Street and Number),* #1108 N. Central Ave
5. *Full Name of Mother,* Annie Grassmann
6. *Mother's Maiden Name,* " Graw.
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Peter Grassmann.
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegeist

Address, #182 E. Monument St. 1038 (New Number)

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Male

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 9th 1887

4. Place of Birth, (Street and Number) 106 Fb Avenue East

5. Full Name of Mother, Louisa Owen

6. Mother's Maiden Name, Louisa Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Owen

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H B Noble, M.D.

Address, 301 Warren, av

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 9 Sept
4. *Place of Birth (Street and Number),* 925 Harrison St Canton
5. *Full Name of Mother,* Maggie Betteg
6. *Mother's Maiden Name,* Maggie Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Betteg
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Frederick Kaufman

Address, 5,17 Sutter St

Remarks, Mid Life

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Elizabeth Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex (state whether male or female), Girl

2. Race or Color (if not of the white race), White

3. Date of Birth, 9th of September 1887

4. Place of Birth (Street and Number), 1687 E Spring Street

5. Full Name of Mother, Margrate Walter

6. Mother's Maiden Name, Margrate Lata

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustave Water (Walter)

9. Father's Occupation, Mucanctor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Frederika Rauffman

Address, 517 S Wolles St

Remarks, Kobaulos GIVEN NAME ADDED. 3-4 53

the Commissioner of Health. In the manner and with the who shall hereafter fail to comply with the provisions for each offence, to be recovered as other fines and fo

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 4 Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 10 of Sept 1887

4. Place of Birth (Street and Number), No 1043 Somerset St

5. Full Name of Mother, Maggie Weipert

6. Mother's Maiden Name, Maggie Sulks

7. Mother's Birthplace, Germany

8. Full Name of Father, John Weipert

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mr Ch Lauer

Address, No 1057 Harford Ave

Remarks, Bal Med 1887

Mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex (state whether male or female), Boy
2. Race or Color (if not of the white race), White
3. Date of Birth, 10th September
4. Place of Birth (Street and Number), 14 Albaur St
5. Full Name of Mother, Theresa Schnuser
6. Mother's Maiden Name, Theresa Bernheit
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos Schnuser
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Fredrick Kauffman

Address, 517 S Haller St

Remarks, Midwife

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. *Sex (state whether male or female),* boy
2. *Race or Color (if not of the white race),* Ewhite
3. *Date of Birth,* 10th of September
4. *Place of Birth (Street and Number),* 301 N. Carroline Street
5. *Full Name of Mother,* Margrate Della
6. *Mother's Maiden Name,* Margrate G. Renzfelle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhart Della
9. *Father's Occupation,* Labore, Mechanic
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Frederika Kaufman

Address, No. 517. S. Dallas Street

Remarks, Midwife

the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 10th 1897
4. *Place of Birth (Street and Number),* 125 Eastern Ave.
5. *Full Name of Mother,* Star Cardin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Disya Cardin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

of the person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of th the Commissioner of Health, in the manner and within the pe who shall hereafter fail to comply with the provisions of this for each offence, to be recovered as other fines and forfeiture

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 10th 1887
4. *Place of Birth (Street and Number),* 61 President st.
5. *Full Name of Mother,* Mary Anton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Arabia
8. *Full Name of Father,* John Anton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Arabia

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, ""

[illegible]

the attendance of a physician or practitioner of midwifery, [illegible] mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 10th 1887
4. Place of Birth (Street and Number),	1118 Myrtle ave
5. Full Name of Mother,	Augusta Loock
6. Mother's Maiden Name,	Augusta Woehler
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Herman Loock
9. Father's Occupation,	Bookkeeper
10. Father's Birthplace,	Balto. City
Name of Medical Attendant, or other person who makes this Return.	Mrs Bunge
Address,	711 Cross st.
Remarks,	

mother. Immediately hereafter it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, 10th September

4. Place of Birth (Street and Number), 1017 Lombard st

5. Full Name of Mother, Adelina Dalert

6. Mother's Maiden Name, Attenhoff

7. Mother's Birthplace, Europe

8. Full Name of Father, Albert Dalert

9. Father's Occupation, Labourer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Sarah Casper

Address, 1016 E. Lombard st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 10 1897
4. *Place of Birth, (Street and Number)* Sharp Street 1714
5. *Full Name of Mother,* Minnie Lee
6. *Mother's Maiden Name,* Minnie Dixon
7. *Mother's Birthplace,* Maryland Baltimore
8. *Full Name of Father,* Thomas Lee
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Alabama Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Thompson Wilson

Address, 115 Light Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 96801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First {13
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth	Sept 10th 1887
4. Place of Birth, (Street and Number)	219 North Eden St
5. Full Name of Mother,	Henrietta Milnick
6. Mother's Maiden Name,	" Erlanger
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Jos D Milnick
9. Father's Occupation,	Book Keeper
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr E Brooks MD
Address,	1519 E Baltimore St
Remarks,	

SEP 15 1887

...ohy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 10 — 1887.
4. Place of Birth (Street and Number),	West 16 Hamburg st.
5. Full Name of Mother,	Katie Bender.
6. Mother's Maiden Name,	Lotz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Henry Bender
9. Father's Occupation,	Printer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohrmann Midwife
Address,	1002 Hanover st
Remarks,	

mother. Immediately hereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8te

1. *Sex, (state whether male or female)* Bube
2. *Race or Color, (if not of the white race)* Witte
3. *Date of Birth* 10 ten September 1887
4. *Place of Birth, (Street and Number)* Pitlebsk Strict 708.
5. *Full Name of Mother,* Ana Dingel.
6. *Mother's Maiden Name,* Enngelhart.
7. *Mother's Birthplace,* Germanien
8. *Full Name of Father,* Johan Dingel
9. *Father's Occupation,* Work Mann
10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other Person who makes this Return,

Address, Karoliene Schwarz Hiet Stoil No 60

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 9680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Saturday September 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Saturday September 10, 1887

4. Place of Birth, (Street and Number) 1008 Stirling St

5. Full Name of Mother, Mary Jane Smith

6. Mother's Maiden Name, Mary Jane Stewad

7. Mother's Birthplace, Lanvill St Baltimore md

8. Full Name of Father, Samuel L Smith

9. Father's Occupation, Labour

10. Father's Birthplace, Kent County

Name of Medical Attendant, or other Person who makes this Return Miss Elizbouth Layle

Address, 1006 Stirling St

Remarks,

Y PRINTERS AND STATIONERS

RETURN OF A BIRTH 96805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* September 10 - 1887
4. *Place of Birth (Street and Number),* 636 W. Mulberry St
5. *Full Name of Mother,* Elizabeth Theresa McCann
6. *Mother's Maiden Name,* Elizabeth Theresa Conroy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Thomas McCann
9. *Father's Occupation,* Letter - Carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppelton St

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 15 1887

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10th 1887
4. *Place of Birth, (Street and Number)* 1577 Ramsay St
5. *Full Name of Mother,* Sophia Pitsinger
6. *Mother's Maiden Name,* Sophia Friesinger
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Conrad Pitsinger
9. *Father's Occupation,* Railway Conductor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. C. Shimer M.D.

Address,

Remarks,

HEALTH DEPARTMENT SEP 14 1887 BALTIMORE CITY

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable, other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

GIVEN NAME ADDED 6-8-56

RETURN OF A BIRTH

9680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Julie Mc Donald third Child

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White race

3. Date of Birth, September 10 1857

4. Place of Birth (Street and Number), 1144 West County St

5. Full Name of Mother, Ellen Kelly Ellen

6. Mother's Maiden Name, Mc Donald M Ellen Kelly

7. Mother's Birthplace, New York

8. Full Name of Father, John James Mc Donald

9. Father's Occupation, Black Smith helper

10. Father's Birthplace, Woodberry Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Payneton St

Remarks,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10th. 1887.
4. *Place of Birth, (Street and Number)* New # 1340 McHenry St.
5. *Full Name of Mother,* Fanny Rullman
6. *Mother's Maiden Name,* Fanny Colley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Rullman.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. H. C. Ohle. M. D.

Address, N.E. cor Carrollton Ave & Fayette

Remarks,

...e in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD. 1887

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10th of Sept. 1887
4. *Place of Birth, (Street and Number)* 6 W. Dallas St
5. *Full Name of Mother,* E. Lewis
6. *Mother's Maiden Name,* E. Wilson
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* B. F. Lewis
9. *Father's Occupation,* Huxter
10. *Father's Birthplace,* Lancaster County

Name of Medical Attendant, or other Person who makes this Return Mary Walls

Address, 125 N. Caroline St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96810

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10 September 1897
4. *Place of Birth, (Street and Number)* 204 Bath St
5. *Full Name of Mother,* Annie Lloyd
6. *Mother's Maiden Name,* annie Grant
7. *Mother's Birthplace,* Virginia USA
8. *Full Name of Father,* Stephen Lloyd
9. [redacted] *Father's Occupation,* Labor
10. *Father's Birthplace,* St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return — mrs Charity Jones

Address, 101 Caulbert St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* September 10/87
4. *Place of Birth (Street and Number),* 303 Parish Ave
5. *Full Name of Mother,* Lizzie Toffing
6. *Mother's Maiden Name,* Lizzie Smith
7. *Mother's Birthplace,* Bacto Md
8. *Full Name of Father,* Henry Toffing
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address, 16 Pierce St

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

re Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 2-4-5

RETURN OF A BIRTH 96812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Simon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 11th 1897
4. *Place of Birth (Street and Number),* 17 Fayette st.
5. *Full Name of Mother,* Pauline Simon
6. *Mother's Maiden Name,* Rosenberg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Simon
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recoverable as other fines and forfeitures are recoverable.

nore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11th
4. *Place of Birth, (Street and Number)* 808 S. Bond St
5. *Full Name of Mother,* Mrs Mary Hoffman
6. *Mother's Maiden Name,* " " Steiner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Hoffman
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Gehler

Address, 1114 S. Bond St

Remarks,

certificate between the first and third day of each and every m
birth of any child shall occur without the attendance of a Phys
be in attendance upon the mother, immediately thereafter it sh
report its birth to the Commissioner of Health, in the manne
or persons who shall hereafter fail to comply with the provisio
for each offense to be recove
other fines and forfeitures ar
Physician or practitioner of midwifery, or should no other perso
it shall become the duty of the person or parents of such child to
manner and within the period above required, and any such person
visions of this section, shall be subjected to the fine of ten (10) dollars
rts are recoverable.

rphy & Co., City Printers and Stationers.

Missing #96814 - #96820,
incl.

RETURN OF A BIRTH 96831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 13. 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto Sept 11. 1887.
4. *Place of Birth (Street and Number),* 2504 Lancaster St.
5. *Full Name of Mother,* Mary Thomaschinski
6. *Mother's Maiden Name,* Mary Lange.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Edward Thomaschinski.
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend

Address, 710 South Wolfe St.

Remarks, 47

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 16 September 1887

4. *Place of Birth, (Street and Number)* Baltimore Parrish St 428

5. *Full Name of Mother,* Mary Staborud

6. *Mother's Maiden Name,* Mary Dlaske

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Staborud

9. *Father's Occupation,* Blacksmit

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kraning

Address, 414 South Stricker

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 96823

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 11
4. Place of Birth, (Street and Number) 527 South chester
5. Full Name of Mother, mary C funck
6. Mother's Maiden Name, mary C nagel
7. Mother's Birthplace, baltimore
8. Full Name of Father, charls funck
9. Father's Occupation, capten of tug bote
10. Father's Birthplace, germine

Name of Medical Attendant, or other Person who makes this Return mary Bertner

Address, 241 South chester S

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible]on shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible]coverable.

CITY PRINTERS AND STATIONERS

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 96823

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* septem 11
4. *Place of Birth, (Street and Number)* 527 South chester
5. *Full Name of Mother,* mary c funck
6. *Mother's Maiden Name,* mary c nagel
7. *Mother's Birthplace,* baltimore
8. *Full Name of Father,* charls funck
9. *Father's Occupation,* capten of tug bote
10. *Father's Birthplace,* germne

Name of Medical Attendant, or other Person who makes this Return Mary Pertner

Address, 241 South chester S

Remarks,

certificate, between the first and third day of each and every month, to the Board of Health, or to the Board of Health, or to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for the offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Colloid

3. Date of Birth, Sept 11

4. Place of Birth, (Street and Number) 215 York St

5. Full Name of Mother, Amelia Davis

6. Mother's Maiden Name, Amelia Madox

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Edward Davis

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Milley Gross

Address, 229 York St

Remarks,

HEALTH DEPARTMENT SEP 15 1887 BALTIMORE MD

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

... & Co., City Printers and Stationers,

RETURN OF A BIRTH. 96825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 11 of Sept. 1884
4. *Place of Birth, (Street and Number)* 2335 E Fayette st
5. *Full Name of Mother,* Susan A Philips
6. *Mother's Maiden Name,* Keene
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* George S Philips
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Md Dawson

Address, 225 S Ann st

Remarks, Mother and Baby doing well
Nurse Mrs Diamond

BALTIMORE MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1st~~ 1st

1. Sex (state whether Male or Female) ~~Female~~ Female

2. Race or Color (if not of the white race) ~~White~~ White

3. Date of Birth ~~11th~~ 11th September

4. Place of Birth (Street and Number) 620 N Caroline St

5. Full Name of Mother Emma G. Wakely

6. Mother's Maiden Name " " Luke

7. Mother's Birthplace Balto

8. Full Name of Father Henry L. Wakely

9. Father's Occupation Fireman

10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. J. J. Gross M.D.

Address 1435 Orleans St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* colord
3. *Date of Birth,* sept 12 1887
4. *Place of Birth (Street and Number),* 34 hughes st Baltimore
5. *Full Name of Mother,* mary carter
6. *Mother's Maiden Name,* mary pratt
7. *Mother's Birthplace,* essex county va
8. *Full Name of Father,* phillip carter
9. *Father's Occupation,* labor
10. *Father's Birthplace,* and pepper county va

Name of Medical Attendant, or other person who makes this Return. Mrs Charlotte Williams

Address, 607 3 howard st

Remarks, five dollars

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 76828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 12th 1887.
4. *Place of Birth, (Street and Number)* 247 N. Exeter St
5. *Full Name of Mother,* Annie Goldstein
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Salomon Goldstein
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Francis T. Sauerhering

Address, 439 N. Central Ave,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), Collord

3. Date of Birth, Sept 12-1887

4. Place of Birth (Street and Number), NO 1436 Bolton alley

5. Full Name of Mother, Mary Frances Boykin

6. Mother's Maiden Name, Mary Frances Hegney

7. Mother's Birthplace, Eastern Shore MD

8. Full Name of Father, Edward Boykin

9. Father's Occupation, Laborer

10. Father's Birthplace, Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Maryann Hasser

Address, NO 5937 Walnut alley

Remarks,

,,,,

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 12th 1887

4. *Place of Birth, (Street and Number)* No 312 Pearl St Balto

5. *Full Name of Mother,* Annie Elizabeth Rackensburger

6. *Mother's Maiden Name,* Annie Elizabeth King

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Henry M. Rackensburger

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return James S. Fulks, M.D.

Address, No 312 Pearl st Balto

Remarks, Please send me envelopes

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White,
3. Date of Birth, September 12, 1887.
4. Place of Birth, (Street and Number) 233 S. Baltimore St.
5. Full Name of Mother, Katherine Dietz.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Co.,
8. Full Name of Father, John C. Dietz.
9. Father's Occupation, Mechanic.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return L. L. Gorgas, M.D.

Address, 726 W. Lexington St.

Remarks, The first of Triplets; the two last a still-births.

PRINTERS AND STATIONERS

RETURN OF A BIRTH 96832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colloid
3. *Date of Birth,* 12 Sep
4. *Place of Birth, (Street and Number)* 204 welcome alley
5. *Full Name of Mother,* Catherine Mieboum
6. *Mother's Maiden Name,* Catherine Beck
7. *Mother's Birthplace,* Calvert County MD
8. *Full Name of Father,* Malkie Mieboum
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Milley gross

Address, 229 York street

Remarks,

HEALTH DEPARTMENT SEP 15 1887 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such p... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

RETURN OF A BIRTH 96830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 12th 1887

4. *Place of Birth, (Street and Number)* No 312 Pearl St Balto

5. *Full Name of Mother,* Annie Elizabeth Rackensburger

6. *Mother's Maiden Name,* Annie Elizabeth King

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Henry M. Rackensburger

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other Person who makes this Return James S. Fulks, M.D.

Address, No 312 Pearl St Balto

Remarks, Please send me envelopes

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White,
3. Date of Birth, September 12, 1897.
4. Place of Birth, (Street and Number) 233 S. Calhoun St.
5. Full Name of Mother, Katherine Ortz.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Co.,
8. Full Name of Father, John T. Ortz.
9. Father's Occupation, Mechanic
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return L. L. Gorgas, M. D.

Address, 726 W. Lexington St.

Remarks, The first of Triplets; the two last being still-born.

PRINTERS AND STATIONERS

RETURN OF A BIRTH 96832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 12 Sep
4. *Place of Birth, (Street and Number)* 204 welcome alley
5. *Full Name of Mother,* Catherine Mielbourn
6. *Mother's Maiden Name,* Catherine Beck
7. *Mother's Birthplace,* Calvert County M D
8. *Full Name of Father,* Malkie Mielbourn
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore M D

Name of Medical Attendant, or other Person who makes this Return. Milley gross

Address, 229 York street

Remarks,

HEALTH DEPARTMENT SEP 15 1897 BALTIMORE MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 96833

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 12
4. *Place of Birth, (Street and Number)* 119 Castel St
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Witzel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Magnus Brown
9. *Father's Occupation,* feed boos
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Mary Pertner

Address, 211 Chester St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH, 96834

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Monday Sept. 12th 1887
4. *Place of Birth, (Street and Number)* No 2005 Frederick Ave.
5. *Full Name of Mother* Maggie Fick
6. *Mother's Maiden Name* Maggie Apple.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Fick
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hell.

Address No 337 Bantalow St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 96838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	12 September 1887
4. Place of Birth (Street and Number),	905 South Dallas Street Baltimore Md
5. Full Name of Mother,	Mary Swaine
6. Mother's Maiden Name,	Mary Sutton
7. Mother's Birthplace,	North Carolinia
8. Full Name of Father,	Charles Swaine
9. Father's Occupation,	Steward
10. Father's Birthplace,	North Cardinia
Name of Medical Attendant, or other person who makes this Return.	Mrs Hannah Brooks
Address,	1829 E Pratt st
Remarks,	

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 76836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12th 1887

4. Place of Birth, (Street and Number) 711 N. Stricker St

5. Full Name of Mother, Mary L. Weishampel

6. Mother's Maiden Name, Mary L. Biggen

7. Mother's Birthplace, Middletown New York State

8. Full Name of Father, John Frederic Weishampel

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address. 871 Harlem Avenue

Remarks.

Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* September 12th 1887

4. *Place of Birth (Street and Number),* (Old) No 50 Union St

5. *Full Name of Mother,* Jane Dunlap

6. *Mother's Maiden Name,* " Carter

7. *Mother's Birthplace,* Fredericksburg Va.

8. *Full Name of Father,* Willis D Dunlap

9. *Father's Occupation,* Huckster

10. *Father's Birthplace,* Alexandria Va.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 125 E. Hamilton St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 76838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	12th of September
4. Place of Birth (Street and Number),	No 1942 McHenry
5. Full Name of Mother,	Mrs Schmidt
6. Mother's Maiden Name,	Miss Mary Young
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr. ~~Louis~~ Schmidt
9. Father's Occupation,	Butch[illegible] ~~Laborer~~
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. & Hiller
Address,	2127 west Pratt st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether male or female),	Boy
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	12th of September 1897
4. Place of Birth (Street and Number),	No 402 Payson st
5. Full Name of Mother,	Mrs. Hrammor
6. Mother's Maiden Name,	Min Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr. Hrammor
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Bayer Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	2127 west Pratt st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Mollard
3. *Date of Birth,* Sept 12-1857
4. *Place of Birth (Street and Number),* No 1436 Bolton alley
5. *Full Name of Mother,* Mary Frances Boykin
6. *Mother's Maiden Name,* Mary Frances Mcgray
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* Edward H Boykin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Maryann Mason

Address, 537 walnut alley

Remarks,

the period above required, and any such person or persons within the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	white race
3. Date of Birth,	September the 12th
4. Place of Birth (Street and Number),	Baltimore william st 1518
5. Full Name of Mother,	Ann Smith
6. Mother's Maiden Name,	Hussie
7. Mother's Birthplace,	newyork
8. Full Name of Father,	george Smith
9. Father's Occupation,	Boiler Maker
10. Father's Birthplace,	Baltimore Co
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	light st No 1514
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 6842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether male or female),* male

2. *Race or Color (if not of the white race),* white race

3. *Date of Birth,* September the 12

4. *Place of Birth (Street and Number),* Baltimore Hanover St No 481

5. *Full Name of Mother,* Rebecca Hennessy

6. *Mother's Maiden Name,* McCormon

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Hennessy

9. *Father's Occupation,* Boiler Maker

10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return. Elizabeth Statham

Address, Light St No 1514

Remarks,

The Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th 87
4. *Place of Birth, (Street and Number)* 401 427 Bark St
5. *Full Name of Mother,* Mrs Christina Keffer
6. *Mother's Maiden Name,* " " Lutz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Keffer
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address, #114 S. Bond St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept. 12th 1887
4. *Place of Birth (Street and Number),* E. Baltimore st.
5. *Full Name of Mother,* Jennie Silverman
6. *Mother's Maiden Name,* Bronson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Silverman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S Exeter st.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Tuesday Sept. 12th 1882

4. *Place of Birth, (Street and Number)* N. E. Cor. Fremont Ave & Shaw

5. *Full Name of Mother,* Agnes W Ludwig.

6. *Mother's Maiden Name,* Agnes Ward

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Lincoln H. Ludwig.

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* York Co. Pa

Name of Medical Attendant, or other Person who makes this Return. Wilmer Bowton M.D

Address, Shaw St & Fremont Place

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 13th
4. Place of Birth (Street and Number),	744 German st
5. Full Name of Mother,	Annie E. Brown
6. Mother's Maiden Name,	Annie E. Lemmerman
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry Brown
9. Father's Occupation,	Cigar Maker
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	13th September
4. Place of Birth (Street and Number),	1315 Scott
5. Full Name of Mother,	Kate Duckett
6. Mother's Maiden Name,	Kate McHale
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert Duckett
9. Father's Occupation,	Driver
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Berry
Address,	11 Cross st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) Colord —
3. Date of Birth, 13 of September
4. Place of Birth, (Street and Number) ~~[illegible]~~ 914 Cedar road
5. Full Name of Mother, Hatty Mestly
6. Mother's Maiden Name, Hatty Pain
7. Mother's Birthplace, Virgain County
8. Full Name of Father, Jhon Mestly
9. Father's Occupation, ~~Jopper~~ Jobber
10. Father's Birthplace, Ormealer County

Name of Medical Attendant, or other person who makes this Return. Celestial Cook

Address, 1008 Sheilds Valley

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 22 1887 BALTIMORE MD

& CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96849,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 13. 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Balto Sept 13th 1887.
4. *Place of Birth (Street and Number),* 712 South Wolfe St.
5. *Full Name of Mother,* Annie Barlow.
6. *Mother's Maiden Name,* Annie Killian.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Joe Barlow.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 710 South Wolfe St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First " 96850.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 13th 1887
4. Place of Birth, (Street and Number) 110 S. Madera Ally
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Williams
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Smith
9. Father's Occupation, Seaman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return C. V. Hoffman Md

Address, 1812 E. Baltimore St.

Remarks, Was Called in after Child born

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96851.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child of Miley Smith

1. *Sex (state whether male or female),* A boy
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* June 13. 1887.
4. *Place of Birth (Street and Number),* # 854 Lemon Str.
5. *Full Name of Mother,* Miley Smith.
6. *Mother's Maiden Name,* Miley Henry.
7. *Mother's Birthplace,* Gloster Co. Virginia.
8. *Full Name of Father,* George Henry Smith.
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Accomac Co Virginia

Name of Medical Attendant, or other person who makes this Return. Marie Jones.

Address, 1337 Wilkes Alley

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 5

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 13 September

4. Place of Birth (Street and Number), Mcheldery st 2333

5. Full Name of Mother, Meal Rebacker Langley

6. Mother's Maiden Name, Meal R Langley

7. Mother's Birthplace, Bord Baltimore

8. Full Name of Father, Sebbastian Dennis

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Frances E Rice

Address, Patterson Park Av 604

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	16th Child
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	13th of September 1887.
4. Place of Birth (Street and Number),	1820 Cor Pratt – Durham street
5. Full Name of Mother,	Susan Ab. ~~Kistler~~ Küstler
6. Mother's Maiden Name,	Susan Ab. Schneffer.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Michael Schneffer
9. Father's Occupation,	Tavern keeper.
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescentia Kunkel
Address,	213 North Chapel street per Crescentia Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third 96854

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept 13th 1887

4. Place of Birth, (Street and Number) 515 Forrest Street

5. Full Name of Mother, Frederika Walter

6. Mother's Maiden Name, " Shumline

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Walter

9. Father's Occupation, Bar-Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm A B Sellman M D.

Address, 5 East Biddle St.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race).	White
3. Date of Birth,	13th of September 1887.
4. Place of Birth (Street and Number),	604 North Chapel street
5. Full Name of Mother,	Katie Philbach
6. Mother's Maiden Name,	Katie Ellert
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Robert O. Ellert
9. Father's Occupation,	Can-maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) Male 96856
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, sept 13
4. Place of Birth, (Street and Number) fayett st 1720
5. Full Name of Mother, emily stakely
6. Mother's Maiden Name, emily Parker
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Wilam stakely
9. Father's Occupation, brickyard
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Bestey mondoney

Address,

Remarks,

Report for birth to the Commissioner of Health, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 14th 1887

4. Place of Birth, (Street and Number) No 106 Lafayette st

5. Full Name of Mother, Stella Frank

6. Mother's Maiden Name, Stella Mohrgraft

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Mohrgraft

9. Father's Occupation, Cigarmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Manning

Address, No 1517 Byrd st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 16/887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* Balto Sept 16. 887.
4. *Place of Birth (Street and Number),* 1826 Bank St.
5. *Full Name of Mother,* L. Schwartz.
6. *Mother's Maiden Name,* L. Kramer.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Henry Schwartz.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Smead

Address, 110 South Wolfe St.

Remarks, "

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colard
3. Date of Birth, 14 of August
4. Place of Birth (Street and Number), 1323 Whatcoat st
5. Full Name of Mother, Mrs Margrett Williams
6. Mother's Maiden Name, Margrett Shepard
7. Mother's Birthplace, Virginia Spottsylvania Co.
8. Full Name of Father, Mr Charles Williams
9. Father's Occupation, Public Worker
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Maria Jones

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

ETURN OF A BIRTH. 9

ce of Registrar of Vital Statistics, Board of Health, Baltimore Cit

Mother (state whether 1st, 2d, 3d, &c.) First

whether male or female) Male

or, (if not of the white race) White

rth Saturday March 12th 87

irth, (Street and Number) 820 N. Wolf St

of Mother, Hester Hudgins

Maiden Name, Hester Rawlings

Birthplace, Essex Co. Va

of Father, Jno. T. Hudgins

ccupation, Sailor

irthplace, Virginia

Medical Attendant, or other Person who makes this Return. Elsworth M.D.

Park Ave Thurlbury St

HEALTH DEPARTMENT, BALTIMORE, MD.

RETURN OF A BIRTH 96 860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, ~~&c.~~ 5) Frances Edna Nichols

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Sept 14th 1887
4. Place of Birth, (Street and Number) No 1715 Moscher,
5. Full Name of Mother, I Louise Nickols
6. Mother's Maiden Name, " " McCrone
7. Mother's Birthplace, Delaware State,
8. Full Name of Father, Frank H K Nickols
9. Father's Occupation, Commission Merchant,
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andre M.D.

Address, 1123 E Baltimore St

Remarks, [illegible] 5-12-53

L. M.

any such person or persons who shall neglect fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 96861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* colard

3. *Date of Birth,* ~~813 pimeo alley~~ sept 14

4. *Place of Birth (Street and Number),* 813 pimeo alley

5. *Full Name of Mother,* georgiana more

6. *Mother's Maiden Name,* georgiana bibins

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* tom more

9. *Father's Occupation,* labor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mollotte Williams

Address, 607 S howard st

Remarks, five dollar

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH, 96862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) _____

1. *Sex (state whether ~~male or~~ female)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 5th 1867
4. *Place of Birth, (Street and Number)* 1208 Hollins st
5. *Full Name of Mother* Dora Forney
6. *Mother's Maiden Name* Dora Trumbo
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Charles Forney
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. W. Duckham

Address 1401 Linden ave

Remarks _____

RETURN OF A BIRTH

96 ~~96~~ 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

96863

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14th
4. *Place of Birth, (Street and Number)* #412 S. Dallas St
5. *Full Name of Mother,* Mrs Mary Weide
6. *Mother's Maiden Name,* " " Norman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weide
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address, #114 S. Bond St

Remarks,

BALTIMORE HEALTH DEPARTMENT SEP 19 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 14th 87

4. *Place of Birth, (Street and Number)* 498 Cross St

5. *Full Name of Mother,* Elizabeth Allen

6. *Mother's Maiden Name,* Elizabeth Griffith

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* L W Allen

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. B F Phillips

Address, 735 N Lanvale St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

RETURN OF A BIRTH, 96865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Wednesday Sept 14th 1887.
4. Place of Birth, (Street and Number) No 304 Forrow St.
5. Full Name of Mother Odilia Martin
6. Mother's Maiden Name Odilia Esters
7. Mother's Birthplace Germany
8. Full Name of Father Jannie Martin
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hall

Address No 337 Bantalor St.

Remarks

RETURN OF A BIRTH, 96866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Garland
3. *Date of Birth* Sep 14th
4. *Place of Birth, (Street and Number)* Baltimore No 528 Dover St
5. *Full Name of Mother,* Magie Jones
6. *Mother's Maiden Name,* Magie Parker
7. *Mother's Birthplace,* Clarks Cutty Va
8. *Full Name of Father,* Shedrick Jones
9. *Father's Occupation,* Matter
10. *Father's Birthplace,* Saint Mayes County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Cross

Address, 3 S Popplton St

Remarks, "

Report the birth to the Commissioner of Health, in the manner and time prescribed by the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE MD. SEP 19 1887

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 14th 1889
4. *Place of Birth (Street and Number),* 1003 Shark St
5. *Full Name of Mother,* Mary A Aschmyer
6. *Mother's Maiden Name,* " " Wilson
7. *Mother's Birthplace,* Fra'd Md
8. *Full Name of Father,* Chas A Aschmyer
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Fra'd Md

Name of Medical Attendant, or other person who makes this Return. Theodora Cockal M.D.

Address, 578 Hanover St Roh B

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

Missing #96868 - #96870,
incl.

RETURN OF A BIRTH 96871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14. 1887
4. Place of Birth, (Street and Number) 1204 Hoffman St
5. Full Name of Mother, Lillie May Deale
6. Mother's Maiden Name, " " Whorton
7. Mother's Birthplace, Balto City
8. Full Name of Father, James T. Deale
9. Father's Occupation, Salesman

[illegible] Birthplace, Balto City

[illegible]nt, or other Person who makes this Return. John. U. Pickel M.D.

Chew St.

"

[illegible] of Health, [illegible] comply with the provisions of this [illegible] [illegible]er fines and forfeitures are recoverable.

SEP 17 1887

Missing #96872 & #96873, misc.

RETURN OF A BIRTH. 9687

e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

96874

Child of Mother (state whether 1st, 2d, 3d, &c.)

x, (state whether male or female)

or Color, (if not of the white race) White

f Birth Sept 15 1887

of Birth, (Street and Number) # 927 Lemon a

ame of Mother, Mary E. Sadler

r's Maiden Name, " " Dolan.

r's Birthplace, Balti Md

Name of Father, Joseph Sadler

's Occupation, Wheelright

r's Birthplace, Baltimore. Md.

e of Medical Attendant, or other Person who makes this Return. A. L. Spear

ess, 153 W. Lombard St

arks,

RETURN OF A BIRTH

96875
96875

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

, (state whether male or female) Male

ce or Color, (if not of the white race) White

ate of Birth, Sept 15th 1887

lace of Birth, (Street and Number) 1406 Luzerne St

ull Name of Mother, Ada L. Gorsuch

Mother's Maiden Name, Allenbaugh

Mother's Birthplace, Balto City

Full Name of Father, Theodore P. Gorsuch

Father's Occupation, Painter

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. J. F. Lang M.D.

Address, 105 So High St

Remarks,

ters and Stationers.

RETURN OF A BIRTH 96876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotte ~~De Witt~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 15th 1887.
4. *Place of Birth (Street and Number),* #1518 Orleans St
5. *Full Name of Mother,* Louise De Witt
6. *Mother's Maiden Name,* " Jehnert.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Herrman De Witt
9. *Father's Occupation,* Saloon.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Hillegust

Address, #182 E. Monument St

Remarks, 1038 (New Number)

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 15 1887.
4. Place of Birth (Street and Number),	128 Randal st.
5. Full Name of Mother,	Mela Droege.
6. Mother's Maiden Name,	Williams.
7. Mother's Birthplace,	America.
8. Full Name of Father,	Theodor Droege.
9. Father's Occupation,	Cigar-maker.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohmaier. Midwife.
Address,	1032 Hanover st.
Remarks,	

Within the period above required, and any such person or persons the Commissioner of Health, in the manner and within the who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 15 1887.
4. Place of Birth (Street and Number),	1339 Charles st.
5. Full Name of Mother,	Anna Hosbach
6. Mother's Maiden Name,	Schnerle
7. Mother's Birthplace,	America.
8. Full Name of Father,	John Hosbach.
9. Father's Occupation,	Carpenter.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife
Address,	1032 Hanover st.
Remarks,	

Within the period above required, and any such person or persons within the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) one colord

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, September live 15
4. Place of Birth, (Street and Number) No 823 Ensor Street
5. Full Name of Mother, Alverta Sadler
6. Mother's Maiden Name, Alvertahorse
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Solomon Sadler
9. Father's Occupation, Labour
10. Father's Birthplace, queen anns County md

Name of Medical Attendant, or other Person who makes this Return Elizbouth Sayles

Address, 1006 Stirling Street

Remarks, all fave bull

PRINTERS AND STATIONERS

RETURN OF A BIRTH

GIVEN NAME ADDED 8-25-53

To the Office of Registrar of Vital Statistics, ~~Board of~~ Health, Baltimore City.

Name: Alma Viola Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 96880

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 15 1887
4. Place of Birth, (Street and Number) 502 S. Patterson Park Av
5. Full Name of Mother, Elma E Thomas
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Thomas
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return J B Schwatka MD

Address, 933 N. Biway

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96881.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sept 15th 1881
4. *Place of Birth (Street and Number),* 1026 n Amstr
5. *Full Name of Mother,* Louisa Schindler
6. *Mother's Maiden Name,* L Apple
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joe Schindler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. W. Mannel Midwife

Address, New # 625 Saratoga Str

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 96882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* whale
3. *Date of Birth* 15 of this mont
4. *Place of Birth, (Street and Number)* Estawnow av 98
5. *Full Name of Mother,* Cary Paul
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Cryborse slade
8. *Full Name of Father,* Will dash
9. *Father's Occupation,* Caber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Miss. shuman

Remarks,

SEP 9 1887

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96883.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bolta Sept 17. 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Female.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Bolta Sept 15. 1887.

4. Place of Birth (Street and Number), 1707. Eastern Ave.

5. Full Name of Mother, Lena Schreiber.

6. Mother's Maiden Name, Lena Orter.

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Schreiber.

9. Father's Occupation, Barber.

10. Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return. Dr. Mary Amend

Address, 710 S. Wolfe St.

Remarks, C D

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96884,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 16th Septr 87

4. Place of Birth (Street and Number), 875 Lemon Aly

5. Full Name of Mother, Dora Knapp

6. Mother's Maiden Name, " Weber

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry Knapp

9. Father's Occupation, Coachsmith

Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Pappelton St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96885.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child of Harriett Mason

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colord

3. Date of Birth, July 16 1857

4. Place of Birth (Street and Number), 131H Brush alley

5. Full Name of Mother, Harriett E Mason

6. Mother's Maiden Name, Harriett E Williams

7. Mother's Birthplace, Manchester Md

8. Full Name of Father, Wm D Mason

9. Father's Occupation, Laborer

10. Father's Birthplace, Poplar Springs Md

Name of Medical Attendant, or other person who makes this Return. Mary Jones

Address, 1337 Watson St

Remarks,

mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96886.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 16 1887

4. *Place of Birth, (Street and Number)* 848 S Bond Street

5. *Full Name of Mother,* Dora Buckley

6. *Mother's Maiden Name,* Dora Margrate

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Buckley

9. *Father's Occupation,* Labour

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss. Louisa Smith

Address, 15.21 Thames Street

Remarks, Childs Name George Buckley

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96887.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Nancy Smith

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* September 16
4. *Place of Birth, (Street and Number)* No 1134 Russell St
5. *Full Name of Mother,* Nancy Smith
6. *Mother's Maiden Name,* Nancy Williams
7. *Mother's Birthplace,* Clarks Ville Mcburg Va
8. *Full Name of Father,* William Henry Smith
9. *Father's Occupation,* Lumber Holling
10. *Father's Birthplace,* Sitty of Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. ~~non~~ Darkers Jane Smiung

Address, 1142 Russell St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 22 1888 BALTIMORE, MD.

...phy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96888.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 th Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth Aug. Sep. 16 th 1887.

4. Place of Birth, (Street and Number) Baltimore. 144 S. Register St.

5. Full Name of Mother, Tillie Kosman.

6. Mother's Maiden Name, " " Lingleback.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Kosman.

9. Father's Occupation, Can Maker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Ann Kosman.

Address, No. 13 S. Eden St

Remarks,

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH. 96889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth Friday, Sept. 16. 1887
4. Place of Birth, (Street and Number) 17 Oxford St (old No)
5. Full Name of Mother, Ida Dent
6. Mother's Maiden Name, Ida Patterson
7. Mother's Birthplace, Liberty, Bedford Co - Va
8. Full Name of Father, Henry Dent
9. Father's Occupation, House-servant - (Waiter)
10. Father's Birthplace, St Mary's Co - Md

Name of Medical Attendant, or other Person who makes this Return. E. G. Waters

Address, 1429 McCulloh St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96890.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

0. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)*	first Child
1. *Sex, (State whether male or female)*	Male Child
2. *Race or color, (if not of the white race)*	Colord
3. *Date of Birth,*	16 of September
4. *Place of Birth, (Street and Number)*	520 Cross alley
5. *Full Name of Mother,*	Eliza Hill
6. *Mother's Maiden Name,*	Eliza V Colvert
7. *Mother's Birthplace,*	West river
8. *Full Name of Father,*	Charles E Hill
9. *Father's Occupation,*	marble Polisher
10. *Father's Birthplace,*	baltimore Celestial Cook
Name of Medical Attendant, or other person who makes this Return.	1008 Sheilds alley
Address,	
Remarks,	" "

HEALTH DEPARTMENT, SEP 22 1887 BALTIMORE, MD.

Attendance upon the mother, immediately [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 96891,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) Evelyn Rose Lowey

1. *Sex (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* September 16th 1887

4. *Place of Birth, (Street and Number)* 1703 Harlem Ave

5. *Full Name of Mother* Theresa Lowey

6. *Mother's Maiden Name* " Shakman

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Simon Lowey

9. *Father's Occupation* Merchant.

10. *Father's Birthplace* Chicago

Name of Medical Attendant, or other Person who makes this Return. H. McLean

Address 1401 Linden Ave

Remarks GIVEN NAME ADDED 3-23-53 L.M.

RETURN OF A BIRTH 96892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* September 16th 1887
4. *Place of Birth, (Street and Number)* 1707 Jefferson st
5. *Full Name of Mother,* Ellen Dockins
6. *Mother's Maiden Name,* Ellen Mitchel
7. *Mother's Birthplace,* Easton Shore
8. *Full Name of Father,* James Dockins
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easton Shore

Name of Medical Attendant, or other Person who makes this Return. Lucinder Woolford

Address, 439 Register st

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period of the Regulations, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH. 96893.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Sept 16/19

4. *Place of Birth, (Street and Number)* # 741 N. Lombard St

5. *Full Name of Mother,* Mary E. McKenna

6. *Mother's Maiden Name,* Carter

7. *Mother's Birthplace,* Petersburg Va

8. *Full Name of Father,* P. J. McKenna

9. *Father's Occupation,* Bar Keeper

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. H. L. Speed M.D.

Address, 1505 N. Lombard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96894.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 16th 1884

4. Place of Birth (Street and Number), 517 Ensor sts Balto

5. Full Name of Mother, Kate Berger

6. Mother's Maiden Name, Kate Krause

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank Berger

9. Father's Occupation, Saloon keeper

Father's Birthplace, Buffalo. N. Y.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Haemmel Midwife

Address, 923 Penna. ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96895.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 1887 Friday Sept 16th

4. Place of Birth (Street and Number), 929 Lexington St (City

5. Full Name of Mother, Mary Roth.

6. Mother's Maiden Name, Mary Lehr

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Roth

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Louise Hunter

Address, 23 N Payson St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96896.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 16/1887

4. Place of Birth (Street and Number), 1433 Hard St.

5. Full Name of Mother, Jennie Haggerty

6. Mother's Maiden Name, .. Maher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Haggerty

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. H. A. Hamilton M.D.

Address, 513 Scott St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Hughlett Co., City Printers and Stationers.

RETURN OF A BIRTH 96897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6th "

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not of the~~ white race),
3. Date of Birth, Sept 16th 1897.
4. Place of Birth (Street and Number), 1507 Edmonson Ave.
5. Full Name of Mother, Emma I. Sexton
6. Mother's Maiden Name, Emma I. Fasbender.
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Samuel B. Sexton Jr.
9. Father's Occupation, Manufacturer of Stoves, Ranges & Furnaces
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other person who makes this Return. John I. R. Brozer Mr.

Address, 662 W Lexington St.

Remarks, "

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colo
3. Date of Birth,	Sept. 16th 1887
4. Place of Birth (Street and Number),	1624 Ford ave
5. Full Name of Mother,	Mary Clark
6. Mother's Maiden Name,	Sheedan
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Wm H. Clark
9. Father's Occupation,	Wire-Worker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	O. A. Cooke M.D.
Address,	1624 Ford ave
Remarks,	

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sep 16/87

4. Place of Birth, (Street and Number) No 1417 Spring Str.

5. Full Name of Mother, Pasie ~~Fish~~ Schxoolnick

6. Mother's Maiden Name, " Fish.

7. Mother's Birthplace, Russia

8. Full Name of Father, Schia Schxoolnick

9. Father's Occupation, Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ulstman

Address, No 1401 Pratt Sts.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the like or ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Ottenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16th 87
4. Place of Birth, (Street and Number) 335 S. Carolina st
5. Full Name of Mother, Mrs Lena ~~Ehrlich~~ Ottenberg
6. Mother's Maiden Name, " " Ehrlich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ottenberg
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Getzke

Address, 114 S. Bond St

Remarks, GIVEN NAME ADDED 4-10-52

Report its birth to the Commissioner of Health, for the purpose of the Registrar of Vital Statistics, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child Mathers name

1. Sex, (state whether male or female) first mail
2. Race or Color, (if not of the white race) annie Spencer child mail colored
3. Date of Birth, Septem 16 11 or clock 1884
4. Place of Birth, (Street and Number) Jaingies coat ax 121
5. Full Name of Mother, Mrs annie Spencer
6. Mother's Maiden Name, ann may Pier Baker first name
7. Mother's Birthplace, Born in Sparkham Va
8. Full Name of Father, Walter Spencer
9. Father's Occupation, farther sailer man
10. Father's Birthplace, Born in Sparl latt ca Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Lizzie Beath McDaniel

Address,

Remarks, "

SEP 19 1887 BALTIMORE MD

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 96902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 16th 1887
4. *Place of Birth (Street and Number),* 944 S Charles St
5. *Full Name of Mother,* Louisa M Moore
6. *Mother's Maiden Name,* " " Foster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest C Moore
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D.

Address, 518 Hanover St Rev Ld

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers

RETURN OF A BIRTH

96903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 16th 1887
4. Place of Birth (Street and Number), 918 George St
5. Full Name of Mother, Amalia Rasler
6. Mother's Maiden Name, " Kirchner
7. Mother's Birthplace, Howard Co. Md
8. Full Name of Father, Arthur Rasler
9. Father's Occupation, Music Teacher
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Theodora Cooke M.D.

Address, 518 Hanover St Parkers

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers

RETURN OF A BIRTH.

96904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 16/1889
4. Place of Birth (Street and Number)	1927. Christian St.
5. Full Name of Mother	Eliza Heasly.
6. Mother's Maiden Name	" "
7. Mother's Birthplace	New York.
8. Full Name of Father	Francis Heasly
Father's Occupation	Brush Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A. L. Fox. MD
Address	#504. W Fayette St
Remarks	Balt. Md

RETURN OF A BIRTH 96905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 16 September.
4. *Place of Birth, (Street and Number)* 1804 E. Chase St.
5. *Full Name of Mother,* Nina Kohn.
6. *Mother's Maiden Name,* Nina Schleimer.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Herman Kohn.
9. *Father's Occupation,* Agent.
10. *Father's Birthplace,* Europe.

Name of Medical Attendant, or other Person who makes this Return. Mary Walters.

Address, 503 N. Caroline St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

Date of Birth, 8 September 16 1887

Place of Birth, (Street and Number) 1916 Chase St

Full Name of Mother Nannie Maynader

Mother's Maiden Name, Nannie Lee

Mother's Birthplace, Calvert County

Full Name of Father, Charles Lee

Father's Occupation, lumber yard

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, 1026 Chapel St

Remarks.

TERS AND STATIONERS

RETURN OF A BIRTH 96907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 16th 1887
4. *Place of Birth (Street and Number),* 602 N Mount St
5. *Full Name of Mother,* Lillie Snyder
6. *Mother's Maiden Name,* " Hammock
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Wilmer H Snyder
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Theodora Cooke M.D.

Address, 518 Hanover St Rev 2/3

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 96908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colord

Date of Birth, September 17 1887

Place of Birth, (Street and Number) 207 S McElderry St

Full Name of Mother Matilda Stepney

Mother's Maiden Name,

Mother's Birthplace, Washington D.C.

Full Name of Father, James Stepney

Father's Occupation, Buckmaker.

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elen Carson

Address, 1026 Chappel St

Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 96909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* 17th September 1887

4. *Place of Birth (Street and Number),* S. Caroline st 719

5. *Full Name of Mother,* Josephine Willer

6. *Mother's Maiden Name,* Votruba

7. *Mother's Birthplace,* Austria

8. *Full Name of Father,* William Willer

9. *Father's Occupation,* engineer

Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Mary Orell

Address, S. Bond street 836

Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subject to the like penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex (state whether Male or Female) ~~Colored~~ Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sep 17-1887

4. Place of Birth (Street and Number) 519 N. Preston

5. Full Name of Mother Martha Ann Carter

6. Mother's Maiden Name Martha ann Gassaway-

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Leander Andrew Carter

9. Father's Occupation Janitor

10. Father's Birthplace Abingdon Va

Name of Medical Attendant, or other Person who makes this Return. H. Boyd Wylie MD

Address 507 W. Saratoga St

Remarks

RETURN OF A BIRTH 96911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Saturday Sept. 17th. 1887

4. *Place of Birth, (Street and Number)* 8 N. Front St.

5. *Full Name of Mother,* Nellie M. Sullivan

6. *Mother's Maiden Name,* Nellie McGarrigle

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Timothy Sullivan

9. *Father's Occupation,* Saloon Keeper

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Wilmer Barnitus M.D.

Address, Chase St. & Forrest Place

Remarks,

HEALTH DEPARTMENT, SEP 22 1887 BALTIMORE MD

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17d 1887
4. Place of Birth, (Street and Number) 104 E Lee St
5. Full Name of Mother, Catharine Rowe
6. Mother's Maiden Name, Catharine Auld
7. Mother's Birthplace, Md
8. Full Name of Father, William Rowe
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. H. B. Noble, MD

Address, 301 Hanna av

Remarks,

SEP 23 1887 BALTIMORE

City Printers and Stationers.

RETURN OF A BIRTH 96913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* colored

3. *Date of Birth,* 17th of September 1887

4. *Place of Birth (Street and Number),* Baltimore Vine st 658

5. *Full Name of Mother,* Josephine Williams

6. *Mother's Maiden Name,* Josephine Middleton

7. *Mother's Birthplace,* Washington DC

8. *Full Name of Father,* Dorsey Williams

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Francis Walker.

Address, 643. Vine st.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 17 of September 1887
4. Place of Birth (Street and Number),	No 1012 Eutaw St
5. Full Name of Mother,	Annie L Dunn
6. Mother's Maiden Name,	Annie L Kastel
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Joseph Dunn
9. Father's Occupation,	Painter
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm Ch. Lauer
Address,	No 1059 Hafer Ave
Remarks,	Bal Md 1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Saturday September 17th 1887

4. *Place of Birth (Street and Number),* No 1265 Johnson st

5. *Full Name of Mother,* Sarah Elizabeth Guerke

6. *Mother's Maiden Name,* Sarah Elizabeth Joyner

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* Francis George Guerke

9. *Father's Occupation,* Shoemaker

Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Conway

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Septeber 17. 1887
4. Place of Birth (Street and Number),	Hubbard St 1243.
5. Full Name of Mother,	Annie Flinn
6. Mother's Maiden Name,	Annie Givens.
7. Mother's Birthplace,	Irland
8. Full Name of Father,	John Flinn
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Irland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619. Cuba St.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers.

RETURN OF A BIRTH

96917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixd (C)

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 17" 87.

4. Place of Birth (Street and Number), # 1429 Washington Ave.

5. Full Name of Mother, Elisabeth Tribull

6. Mother's Maiden Name, " " Richstein

7. Mother's Birthplace, Shrewsberry Pa.

8. Full Name of Father, Reinhold Tribull

9. Father's Occupation, Brick Setter

Father's Birthplace, Prusia Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange

Address, 711 Cross St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth September 17th 1887.

4. Place of Birth, (Street and Number) 1718 E. Pratt St

5. Full Name of Mother, Mary Catherine German

6. Mother's Maiden Name, " Rock

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas G. German

9. Father's Occupation, Upholsterer

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 96919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 2nd child

Sex, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* September 17th 1887.

4. *Place of Birth*, (*Street and Number*) 226 N. Caroline St

5. *Full Name of Mother*, Annie Hinkel

6. *Mother's Maiden Name*, Dietrich

7. *Mother's Birthplace*, Balto. Md.

8. *Full Name of Father*, John Hinkel

9. *Father's Occupation*, Tailor

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Francis H. Sauer M.D

Address, 439 N. Central Ave.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep. 17th of 1887

4. Place of Birth, (Street and Number) 314 N. Exeter St

5. Full Name of Mother, Mary Butt

6. Mother's Maiden Name, " Llewellyn

7. Mother's Birthplace, Balto City

8. Full Name of Father, Wm Butt

9. Father's Occupation, Printer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary Walter

Address, 50 E. N. Caroline St

Remarks,

BRITISH DEPARTMENT SEP 22 1887 BALTIMORE MD

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

96921.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 9 Child
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	The 14 of Sept 1887
4. *Place of Birth (Street and Number),*	No 1327 West St.
5. *Full Name of Mother,*	Laura Livingston
6. *Mother's Maiden Name,*	Laura Ayers
7. *Mother's Birthplace,*	Bal Md
8. *Full Name of Father,*	Charles Livingston
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	Wm C. Lauer
Address,	No 1059 Harford Ave
Remarks,	Bal Md
	1887

Any Medical Attendant failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96922.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 17th 1887

4. Place of Birth, (Street and Number) 1715 E. Eager St

5. Full Name of Mother, Mary Ann Butler

6. Mother's Maiden Name, Mary Ann Kilduff

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Eugene Butler

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Wooden

Address, 936 Greenmount Ave.

Remarks,

for each offense to be recovered as other fines and penalties

City Printers and Stationers

RETURN OF A BIRTH 96923,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 17 1887

4. *Place of Birth (Street and Number),* No 4 Barney St

5. *Full Name of Mother,* Matilda Schaffer

6. *Mother's Maiden Name,* Matilda Wagner

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Louis Schaffer

9. *Father's Occupation,* Carpenter

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, c/o 1616 South Charles St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

96924.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.) 3

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Sept 18

4. *Place of Birth* (Street and Number) 536 N Damon t

5. *Full Name of Mother* Mary A Weaver

6. *Mother's Maiden Name* Marie Armstrong

7. *Mother's Birthplace* Balt Md

8. *Full Name of Father* Gideon Weaver

9. *Father's Occupation* Merchant

10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. Robt K Knauss

Address 1205 W Fayette

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 96925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 18, 1887
4. Place of Birth (Street and Number),	Hubert St No 1701
5. Full Name of Mother,	Elizebeth Manley
6. Mother's Maiden Name,	Elizebeth Mantlue
7. Mother's Birthplace,	England
8. Full Name of Father,	William Manley
9. Father's Occupation,	Potter
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Eutaw St
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 18th 87

4. *Place of Birth, (Street and Number)* 1519 Battery Ave

5. *Full Name of Mother,* Lillie Reynolds

6. *Mother's Maiden Name,* Lillie Jones

7. *Mother's Birthplace,* Howard Co Md

8. *Full Name of Father,* Robt T. Reynolds

9. *Father's Occupation,* Engineer

10. *Father's Birthplace,* Howard Co MD

Name of Medical Attendant, or other Person who makes this Return. B K Phillips

Address, 735 N Lombard St

Remarks,

---

he manner and within the period above required, and any such person
e provisions of this section, shall be subjected to the fine of ten (10) dollars
rfeitures are recoverable.

report its birth to the Commissioner of Health, in the m
or persons who shall hereafter fail to comply with the prov
for each offence to be recovered as other fines and forfeitu

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96927.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 18 1887.
4. Place of Birth (Street and Number),	1732 Hanover st.
5. Full Name of Mother,	Anna Siemon.
6. Mother's Maiden Name,	Otterbein.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Bernhardt Siemon.
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEP 24 1887

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96928.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 8V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Sept. 18/87
4. *Place of Birth, (Street and Number)* 807 S. Bond
5. *Full Name of Mother,* Carrie M. Paul
6. *Mother's Maiden Name,* " " Wacker
7. *Mother's Birthplace,* Louisville, Ky.
8. *Full Name of Father,* Henry Paul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other Person who makes this Return. G. L. Wilkins

Address, 226 S. Bdy

Remarks,

HEALTH DEPARTMENT SEP 2 1887 BALTIMORE, MD.

Report no birth to the Commissioner, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

96929.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	First (1st)
Sex (state whether male or female),	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 18th, 1887
4. *Place of Birth (Street and Number),*	No. 2121 Jefferson Street
5. *Full Name of Mother,*	Mrs. Emma Gertrude Dunphey
6. *Mother's Maiden Name,*	Miss Emma G. Cates
7. *Mother's Birthplace,*	Anne Arundel County, Md.
8. *Full Name of Father,*	Mr. John William Dunphey
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Anne Arundel County, Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. H. C. Clendaniel M. D.
Address,	No. 418 North Broadway
Remarks,	Nurse, Mrs. Elizabeth Johnson No. 104 N. Washington St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96930.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18 87

4. Place of Birth, (Street and Number) #015 E Bank st

5. Full Name of Mother, Mrs Lillie Stewart

6. Mother's Maiden Name, Coffee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Stewart

9. Father's Occupation, Elevator

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss Gebhart

Address, # 114 S. Bond st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 96931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* 18 of this month
4. *Place of Birth, (Street and Number)* Alsop street 1532
5. *Full Name of Mother,* Mary brokhamer
6. *Mother's Maiden Name,* Mary bagger
7. *Mother's Birthplace,* breed by stuyad
8. *Full Name of Father,* Jonas brokhamer
9. *Father's Occupation,* Cafer
10. *Father's Birthplace,* Stuyad

Name of Medical Attendant, or other Person who makes this Return. Miss Shuman

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE, MD.

...hy & Co., City Printers and Stationers.

RETURN OF A BIRTH 96932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins

1. *Sex (state whether male or female),* male and female

2. *Race or Color (if not of the white race).* White

3. *Date of Birth,* 18 of September

4. *Place of Birth (Street and Number),* 502 Rok (Rose) St.

5. *Full Name of Mother,* Johanne Hutter Leichtning

6. *Mother's Maiden Name,* = Müller.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Franz Leichtning

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male -
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* 19th Sep.
4. *Place of Birth (Street and Number),* 1724 McCulloh St.
5. *Full Name of Mother,* Agnes C. Jones -
6. *Mother's Maiden Name,* Agnes - Grape -
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William C. Jones
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Nellie V. Mark M.D.

Address, 904 Madison Ave.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Sept 19th 1897

4. *Place of Birth, (Street and Number)* 2057 E. Eutaw

5. *Full Name of Mother,* Mary A. Barnes

6. *Mother's Maiden Name,* " " Peters

7. *Mother's Birthplace,* B. Co.

8. *Full Name of Father,* Patrick A. Barnes

9. *Father's Occupation,* Brick Layer

Father's Birthplace, B. Co.

Name of Medical Attendant, or other Person who makes this Return. J. L. Mitchell

Address, 2226 E. Biddy

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

GIVEN NAME ADDED 10-9-33

RETURN OF A BIRTH 96935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillie Shaw

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sep 19th 1887
4. *Place of Birth (Street and Number),* No. 1608 Herman alley
5. *Full Name of Mother,* Elyza Shaw
6. *Mother's Maiden Name,* Elyza Perda
7. *Mother's Birthplace,* England
8. *Full Name of Father,* George Shaw
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Elizabeth Winton

Address, No 1616 South Charles Street

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

over

RETURN OF A BIRTH 96936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Louisa Albrecht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child

1. *Sex (state whether male or female),* Little Girl

2. *Race or Color (if not of the white race),* White race

3. *Date of Birth,* Born 19th of September 1887

4. *Place of Birth (Street and Number),* No 103 Addison alley

5. *Full Name of Mother,* Katherine Louisa (Albrecht) Albrecht

6. *Mother's Maiden Name,* " " (Meier) Pletsch

7. *Mother's Birthplace,* Born Baltimore

8. *Full Name of Father,* Willian Albrecht

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Morris Hiller

Address, 2127 west Pratt st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second. Child

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Nov September. 19th
4. Place of Birth (Street and Number), 919 Chesnut. St. Alley
5. Full Name of Mother, Mrs. Sophronia E.E. Bornemann
6. Mother's Maiden Name, Miss Sophronia. E.E. Bradley
7. Mother's Birthplace, Sharptown. M.D.
8. Full Name of Father, Mr. Maxmillion. Bornemann
9. Father's Occupation, S Window glass. Blower
10. Father's Birthplace, Saxon. Gotha. Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bmj

Address, 11 Cross St

Remarks,

the Commissioner of Health, in the manner that wrong the person, [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 96938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child,

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White race,

3. *Date of Birth* 19 of September 1887.

4. *Place of Birth (Street and Number)* No. 947 Bear Alley.

5. *Full Name of Mother* Mary Whipped.

6. *Mother's Maiden Name* Mary Maines

7. *Mother's Birthplace* in Baltimore.

8. *Full Name of Father* Andrew Whipped,

9. *Father's Occupation* a Laborer.

Father's Birthplace in Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 538 Biddle Alley

Remarks

RETURN OF A BIRTH 96939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Sept 19th
4. Place of Birth (Street and Number), 5-19 Hoffman street
5. Full Name of Mother, Addel Dennis
6. Mother's Maiden Name, " " Blake
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, James Dennis
9. Father's Occupation, Labur
10. Father's Birthplace, Princesses ann M D

Name of Medical Attendant, or other person who makes this Return. Anne Johson

Address, 710 Tyson street

Remarks,

Publishing Co., City Printers and Stationers.

mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* two births Girl and a boy
2. *Race or Color, (if not of the white race)* race Colered
3. *Date of Birth,* monday the 19th
4. *Place of Birth, (Street and Number)* Stockholm St No 805
5. *Full Name of Mother,* Sarh Lizziabeth Hardman
6. *Mother's Maiden Name,* Sarah Lizziabeth Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Hardman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Luvenie Miles

Address, 319

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Harry Arthur Adolph

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 19th 87
4. *Place of Birth, (Street and Number)* 413. S. Exeter st
5. *Full Name of Mother,* Mrs. Emma, Adolph
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Adolph
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gatzke

Address, #114. S. Bond st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 96942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	20th of September
4. Place of Birth (Street and Number),	No 2110 Calverton ave
5. Full Name of Mother,	Mrs Grim
6. Mother's Maiden Name,	Miss Claus
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mr L Grim
9. Father's Occupation,	Butcher
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 west Pratt
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wahing Co., City Printers and Stationers.

RETURN OF A BIRTH 96943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Sept 20, 1887

4. *Place of Birth, (Street and Number)* 1622 Shooter St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Annie Colbert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Lucinda Hartford

Address, 432 Register St

Remarks,

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Milton H. Grauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 20th 1887

4. Place of Birth, (Street and Number) 1208 Jackson St

5. Full Name of Mother, Rebecca Grauer

6. Mother's Maiden Name, Goldman

7. Mother's Birthplace, U.S.

8. Full Name of Father, Millard F. Grauer

9. Father's Occupation, Salesman

10. Father's Birthplace, U.S.

Name of Medical Attendant, or other Person who makes this Return. E W Eilau M.D.

Address, 1015 E. Baltimore

Remarks,

SEP 21 1887 BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* white

3. *Date of Birth,* Sept. 20th 1887

4. *Place of Birth (Street and Number),* 234 Albemarle st.

5. *Full Name of Mother,* Lizzie Corbitt

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Corbitt

9. *Father's Occupation,*

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 42 S. Exeter st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, th 20 September

4. Place of Birth (Street and Number), Baltimore Fremont St 1334

5. Full Name of Mother, Mrs Teeny S Meyers

6. Mother's Maiden Name, Miss Teeny S Cain

7. Mother's Birthplace, Fredrick County

8. Full Name of Father, Mr Frank Fredrick Meyers

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore Marriah Sones

Name of Medical Attendant, or other person who makes this Return. Marriah Sones

Address, No 1337 Walnut St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH

96947

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
2. Sex, (state whether male or female) feamale
3. Race or Color, (if not of the white race) Colord
4. Date of Birth, September 20 1881
5. Place of Birth, (Street and Number) 709 Durham St City
6. Full Name of Mother Georgeanna Jinkins age 25
7. Mother's Maiden Name Georgeanna Brown
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Peter Brown age 30
10. Father's Occupation, Labour
11. Father's Birthplace, north Point
12. Name of Medical Attendant, or other Person who makes this Return Ellen Carson
13. Address, 1026 north Chappel St City
14. Remarks,

TERS AND STATIONERS

RETURN OF A BIRTH 96948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 20th 1887

4. *Place of Birth (Street and Number),* 1905 Druid Hill Ave

5. *Full Name of Mother,* Clara Winters

6. *Mother's Maiden Name,* Clara Jennings

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* Harry Winters

9. *Father's Occupation,* Rackling Salesman

10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Jasmine McAfee

Address, Mosher St & Druid Hill Ave

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 28 of September

4. *Place of Birth (Street and Number),* Baltimor. Md. Washington Av. Nr. 11th 8.

5. *Full Name of Mother,* Mrs. Barbra Kalb

6. *Mother's Maiden Name,* Miss Barbra Hammelbacker

7. *Mother's Birthplace,* Baltimore County

8. *Full Name of Father,* Mr Louis Kalb

9. *Father's Occupation,* Hausler

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss Danger

Address, 711 Cross St

Remarks, Good

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sept 20. 1887
4. Place of Birth (Street and Number),	Cooksies St.
5. Full Name of Mother,	Ellen S. Wood
6. Mother's Maiden Name,	Ellen S Mahng.
7. Mother's Birthplace,	Irland
8. Full Name of Father,	John Wood
9. Father's Occupation,	Labourer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	Nov 16.19. Cuba St
Remarks,	Baltimore

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96951.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c~~)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth, Sept. 20th 1887, 4 A.M.

4. Place of Birth, (Street and Number) 68 Market Space

5. Full Name of Mother, Mary Pfister

6. Mother's Maiden Name, " Hurst

7. Mother's Birthplace, Germany

8. Full Name of Father, G Leidis Pfister

9. Father's Occupation, Eating House

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return. N Gregg Shertzer Md

Address, 1102 E Balto St

Remarks, Very Large Child Instrumental,

SEP 20 1887

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 96952

GIVEN NAME ADDED, 1/27/1956 Sig

To the Office of Registrar of Vital Statistics, Board of Health.

Maurice Franklin Mensel

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Sept 20. 1887
4. *Place of Birth, (Street and Number)*	Tenant St - 4t. -
5. *Full Name of Mother*	Annie Mensel -
6. *Mother's Maiden Name*	" Bachtel
7. *Mother's Birthplace*	Carroll Co. Md
8. *Full Name of Father*	Andrew Mensel.
9. *Father's Occupation*	Upholsterer.
10. *Father's Birthplace*	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return.	H. Swatt. M.D.
Address	815 W. Lombard St
Remarks	

RETURN OF A BIRTH

96953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 20 - 87
4. *Place of Birth, (Street and Number)* Gardner's Hotel S. High
5. *Full Name of Mother,* Constanza Oendorff Smith
6. *Mother's Maiden Name,* " Henderson
7. *Mother's Birthplace,* California
8. *Full Name of Father,* H. D. Smith
9. *Father's Occupation,* Actor,
10. *Father's Birthplace,* California

Name of Medical Attendant, or other Person who makes this Return F. G. Mery Ed M.D.

Address, 4 So Exeter

Remarks,

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

96954.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 28th 87
4. Place of Birth, (Street and Number) 1707 Bank St.
5. Full Name of Mother, Lena Hupka
6. Mother's Maiden Name, Lena Gertner
7. Mother's Birthplace, Germany (Austria
8. Full Name of Father, Jos. Hupka
9. Father's Occupation, Tailor
10. Father's Birthplace, Prussia (Germany)

Name of Medical Attendant, or other Person who makes this Return. Frank C Bruler

Address, 1711 Bank St.

Remarks,

BALTIMORE, MD

...of persons who shall hereafter fail to comply with the ... for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96955,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 20
4. *Place of Birth (Street and Number),* Mosher St. 1134 X
5. *Full Name of Mother,* Mrs. Julia Etta Clarson
6. *Mother's Maiden Name,* " " Ryan
7. *Mother's Birthplace,* Petersburg Va
8. *Full Name of Father,* Augustus E Clarson
9. *Father's Occupation,* Mechanical Draughtsman
10. *Father's Birthplace,* Kenosha Wisconsin

Name of Medical Attendant, or other person who makes this Return. T. Chew Worthington MD

Address, 840 W Fayette

Remarks, Premature Birth

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers

RETURN OF A BIRTH 96956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colord

Date of Birth, September 21

Place of Birth, (Street and Number) 542 Riddle Alley

Full Name of Mother, Rebeca Simes

Mother's Maiden Name, Rebeca Chatman.

Mother's Birthplace, Caroline Co Md.

Full Name of Father, Peatty Simes.

Father's Occupation, Drayman

Father's Birthplace, Baltimare Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Sarah Simakes

Address, 550 Orchard st

Remarks,

AND STATIONERS

RETURN OF A BIRTH. 96957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* Whit
3. *Date of Birth* Sepetmber 21st
4. *Place of Birth, (Street and Number)* 415 S Coppleton St
5. *Full Name of Mother,* Sarah Hentborn
6. *Mother's Maiden Name,* " Walters
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* James H Hentborn
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mrs Cross

Address, 413 S Poppleton St

Remarks,

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96958.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21/87
4. Place of Birth, (Street and Number) 612 Mulberry St
5. Full Name of Mother, Julia Gundersheimer
6. Mother's Maiden Name, " Wallerstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E. Gundersheim
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie MD

Address, 600 N Howard St.

Remarks,

Co., City Printers and Stationers.

RETURN OF A BIRTH

96959.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth,* Sep. 27/82.
4. *Place of Birth, (Street and Number)* Ross Winder St.
5. *Full Name of Mother,* Larrie. Thomas.
6. *Mother's Maiden Name,* " Lierlon
7. *Mother's Birthplace,* Frederick Co.
8. *Full Name of Father,* Larnei. Thomas.
9. *Father's Occupation,* Panter.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Annie. Geems

Address, No. 1714. Light St

Remarks, Yours Truly.

...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

...Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd (96960)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 1887
4. Place of Birth, (Street and Number) 1110 McDonogh St
5. Full Name of Mother, Mary Baurenschaub
6. Mother's Maiden Name, Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Baurenschaub
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka MD

Address, 933 N. B'way

Remarks,

Within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 96961,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sep 21, 1887

4. *Place of Birth, (Street and Number)* 1155 Lake Md Elderg St

5. *Full Name of Mother,* Josephine Ibex

6. *Mother's Maiden Name,* " Storm

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* George S Ibex

9. *Father's Occupation,* Man of all work

10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 1605 Walker St. Balto. Md.

Remarks, " "

...for each offense to be recovered as other fines and forfeitures are recoverable.

...., City Printers and Stationers.

GIVEN NAME ADDED. 8-23-55

RETURN OF A BIRTH

96962.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Christian Dockhorn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. Sex (state whether male or female), Male.

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 21 1887.

4. Place of Birth (Street and Number), 1731 Charles st.

5. Full Name of Mother, Meta Dockhorn.

6. Mother's Maiden Name, Clinge.

7. Mother's Birthplace, Germany.

8. Full Name of Father, George Dockhorn.

9. Father's Occupation, Clerk.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. J. Lohwasser Midwife.

Address, 1032 Hanover st.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

...lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96963.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st. 2d, 3d, &c.)	Seventh Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Sept 21 " 1887
4. *Place of Birth (Street and Number),*	No. 1924
5. *Full Name of Mother,*	Kate Blossing
6. *Mother's Maiden Name,*	" North
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Fradmael Blossing
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

shing Co., City Printers and Stationers

RETURN OF A BIRTH 9963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 21 1887.
4. Place of Birth (Street and Number),	1227 Eutaw st.
5. Full Name of Mother,	Lena Haumm.
6. Mother's Maiden Name,	Busch.
7. Mother's Birthplace,	America.
8. Full Name of Father,	George Haumm.
9. Father's Occupation,	Glass-blower.
Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser Midwife.
Address,	1032 Hanover st.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
Sex (state whether male or female),	Boy.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	21st of September 1887.
4. *Place of Birth (Street and Number),*	212 North Chapel street
5. *Full Name of Mother,*	Maggie Engel
6. *Mother's Maiden Name,*	Maggie Fisher
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Fisher
9. *Father's Occupation,*	Laborman
Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96966.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 21st 1887

4. Place of Birth, (Street and Number) 1104 Johnson Av

5. Full Name of Mother, Ella Hall

6. Mother's Maiden Name, Ella Hyde

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lowell Hall

9. Father's Occupation, Mechanic

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H B Noble MD

Address, 301 Warren av

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

..., City Printers and Stationers.

RETURN OF A BIRTH 96967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sunday Aug 21st 1881

4. *Place of Birth, (Street and Number)* S-W. Cor. Biddle & Grant, Ave

5. *Full Name of Mother,* Fannie Myers.

6. *Mother's Maiden Name,* Fannie Eader.

7. *Mother's Birthplace,* Frederick Co. Md.

8. *Full Name of Father,* Samuel D. Myers.

9. *Father's Occupation,* Police Officer

Father's Birthplace, Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St. & Forest Place.

Remarks,

of persons who shall neglect all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96968.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lean P.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 2 ~~Dond~~ St 1887.

4. Place of Birth, (Street and Number) 1305 Holbrook St.

5. Full Name of Mother, Fannie K. Gantz.

6. Mother's Maiden Name, Fannie Kunkel.

7. Mother's Birthplace, York Co. Pa.

8. Full Name of Father, Daniel B. Gantz.

9. Father's Occupation, Carpenter.

Father's Birthplace, York Co. Pa

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chase St. & Forrest Place

Remarks, Given name added 9/22/36 G. father DB Gantz

Ck P

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 91969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
Sex (state whether male or female),	Boy.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	22nd of September 1887.
4. *Place of Birth (Street and Number),*	2233 East Fayette street.
5. *Full Name of Mother,*	Mary Schallon
6. *Mother's Maiden Name,*	Mary Kallem
7. *Mother's Birthplace,*	Johns Town Pennsylvania
8. *Full Name of Father,*	William C. Kallem
9. *Father's Occupation,*	Laborman.
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96970.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept 22 1887

4. *Place of Birth (Street and Number),* c/o 215 Cross st

5. *Full Name of Mother,* Jennie Dolch

6. *Mother's Maiden Name,* Jennie Hurdle

7. *Mother's Birthplace,* Baltimore city md

8. *Full Name of Father,* William Dolch

9. *Father's Occupation,* Marble Cutter

10. *Father's Birthplace,* Baltimor city md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, c/o 1619 South Charles St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Color
3. Date of Birth,	7 V 6 Days
4. Place of Birth, (Street and Number)	405 Beach alley
5. Full Name of Mother,	hester myrias
6. Mother's Maiden Name,	hester Gustous
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	john Edwd myrias
9. Father's Occupation,	Hard labore
10. Father's Birthplace,	ac accomack County va
Name of Medical Attendant, or other Person who makes this Return	mary Dennis
Address,	no 903 Beach alley
Remarks,	

...TERS AND STATIONERS

RETURN OF A BIRTH 96972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Monday August 22 and 1887

4. *Place of Birth, (Street and Number)* 45 Harford Road

5. *Full Name of Mother,* Amelia R. Ashton.

6. *Mother's Maiden Name,* Amelia Rosmer

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Walter Ashton,

9. *Father's Occupation,* Clerk

Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinton M.D.

Address, Chas St & Fremont Place

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96973.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 22d.
4. Place of Birth, (Street and Number) #1308 Upton St
5. Full Name of Mother, Mary Porter
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Catonsville
8. Full Name of Father, Jno Hammond
9. Father's Occupation, Driver of a wagon
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return John G. Huck MD

Address, #1338 Argyle Ave

Remarks,

INTERS AND STATIONERS

RETURN OF A BIRTH 96974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 22/87
4. *Place of Birth, (Street and Number)*	1613 W Fayette
5. *Full Name of Mother,*	Rose E Field
6. *Mother's Maiden Name,*	Parsons
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. S. Field
9. *Father's Occupation,*	Clerk
Father's Birthplace,	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie MD
Address,	600 N. Howard St:
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* Sept. 22nd

4. *Place of Birth (Street and Number),* 913 Burgundy St

5. *Full Name of Mother,* Mary E. Hossel

6. *Mother's Maiden Name,* Mary E. Rasche

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Bernard H. Hossel

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* Baltimoe Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96976.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 22nd 1897

4. *Place of Birth, (Street and Number)* 1116 Greenmount Ave

5. *Full Name of Mother,* Emma MacKney

6. *Mother's Maiden Name,* Emma Heffner

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* J Walter MacKney

9. *Father's Occupation,* Book-Keeper

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. L. Woodson

Address, 936 Greenmount Ave

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 96977.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colord
3. Date of Birth, 22 of September 1897
4. Place of Birth (Street and Number), 1047 Vine Stret
5. Full Name of Mother, Rosanna Jackson
6. Mother's Maiden Name, Rosanna Smith
7. Mother's Birthplace, Baltimore co Md
8. Full Name of Father, frank J Jackson
9. Father's Occupation, Water
10. Father's Birthplace, Culpper co Va

Name of Medical Attendant, or other person who makes this Return. Dria Johnson

Address, 710 Tyson St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing ... City Printers and Stationers.

RETURN OF A BIRTH 96978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Femal

2. *Race or Color, (if not of the white race)* Colord race

3. *Date of Birth,* 22 of September 1887

4. *Place of Birth, (Street and Number)* baltimore Walker St #6 30

5. *Full Name of Mother,* Delsyc A Griffin

6. *Mother's Maiden Name,* Delsyc A Chambers

7. *Mother's Birthplace,* Mizzyia Tees

8. *Full Name of Father,* William Griffin

9. *Father's Occupation,* Water

10. *Father's Birthplace,* Chambedge

Name of Medical Attendant, or other Person who makes this Return. Mrs Cathrin Rily

Address, 618 - Walker St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this Act, for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 96979.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, ~~&c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or color, (~~if not of the~~ white race)
3. Date of Birth, Sept 22d 1887
4. Place of Birth, (Street and Number) No 429 N. Castle st
5. Full Name of Mother, Isabella W McCaslin.
6. Mother's Maiden Name, " " Downs,
7. Mother's Birthplace, ~~William J McCaslin~~, Balto. city
8. Full Name of Father, William J McCaslin,
9. Father's Occupation, Feed Store
10. Father's Birthplace, Balto. county.

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andre M.D.

Address, 1123 E Balto St,

Remarks,

SEP 27 1887 BALTIMORE, MD.

Missing # 96980 or # 96981

RETURN

To the Office of Registrar of Vital Statistics, Board of Health,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, September 22 1887
4. Place of Birth (Street and Number), Nicholson St
5. Full Name of Mother, Lizzie Noon
6. Mother's Maiden Name, Lizzie Conney
7. Mother's Birthplace, Ball
8. Full Name of Father, Michael Noon
9. Father's Occupation, Bar Keeper
10. Father's Birthplace. Balt
Name of Medical Attendant, or other person who makes this Return. Mrs Ettel
Address, No 1614 Cuba St
Remarks.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wilkins-Ch. City Printers and Stationers.

RETURN OF A BIRTH 96982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caves
3. Date of Birth, September 22 1887
4. Place of Birth, (Street and Number) Hamburg 731
5. Full Name of Mother, Lines Lines
6. Mother's Maiden Name, Lines Rose
7. Mother's Birthplace, Talbert County
8. Full Name of Father, Mostian Lines
9. Father's Occupation, Labor
10. Father's Birthplace, Talbert County

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Wilson

Address, 115 Maples Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

SEP 2 1887 BALTIMORE

Co., City Printers and Stationers.

RETURN OF A BIRTH 96983.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept 22d

4. Place of Birth, (Street and Number) 1333 Hilton St.

5. Full Name of Mother, Nancy Woolford

6. Mother's Maiden Name, " Taylor

7. Mother's Birthplace, Essex Co Va

8. Full Name of Father, Stephen Woolford

9. Father's Occupation, Born of a Waiter

10. Father's Birthplace, Cambridge, Md.

Name of Medical Attendant, or other Person who makes this Return John L. Huck, M.D.

Address, #1338 Argyle Ave

Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (96984.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22nd 1887
4. *Place of Birth, (Street and Number)* 1617 Gough St.
5. *Full Name of Mother,* Helen W. Haffpenny
6. *Mother's Maiden Name,* Winks
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* George Haffpenny
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Edgar B. Britton,

Address, 124 S. Broadway,

Hours 8 to 9 A. M., 2 to 3 P. M., 6 to 8 P. M.

—Telephone 795.—

Remarks, One of twins - other child stillborn

SEP 23 1887 BALTIMORE

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96985.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 23 — 1887.
4. Place of Birth (Street and Number),	29 Weiler St.
5. Full Name of Mother,	Hannah Lang.
6. Mother's Maiden Name,	Redinger
7. Mother's Birthplace,	America.
8. Full Name of Father,	Martin Lang.
9. Father's Occupation,	Restaurant.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health, in the manner and within the period [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 13 Child
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 23 of Sept 1887
4. Place of Birth (Street and Number),	No 968 Chase St
5. Full Name of Mother,	Elisabeth Preller
6. Mother's Maiden Name,	Elisabeth Brunnenholtz
7. Mother's Birthplace,	Germany
8. Full Name of Father,	John Preller
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Sh. Lewis
Address,	No 1054 Stanford Ave
Remarks,	Bal Md
	1887

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96987.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept 23 — 1887.
4. Place of Birth (Street and Number),	1417 Johnson st.
5. Full Name of Mother,	Mary Stickel.
6. Mother's Maiden Name,	Berlau.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Fred Stickell
9. Father's Occupation,	Clerk.
10. Father's Birthplace,	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwager. Midwife.
Address,	1032 Hanover st.
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96988.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sept: 23d/87
4. Place of Birth, (Street and Number)	1102 N. Paca St
5. Full Name of Mother,	Mary E Sheehan
6. Mother's Maiden Name,	" " Bagnell
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John J. Sheehan
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address,	600 N. Howard St
Remarks,	

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

SEP 26 1887

Co., City Printers and Stationers.

RETURN OF A BIRTH 96989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
Sex (state whether male or female),	Girl.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	23rd of September 1887.
4. Place of Birth (Street and Number),	405 North Chapel strat.
5. Full Name of Mother,	Barbra Spahn.
6. Mother's Maiden Name,	Barbra Nono.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Charlie Nono.
9. Father's Occupation,	Baker.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chapel Street per Crestina Kunkel
Remarks,	Healthy.

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96990.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Sept 23rd

4. Place of Birth (Street and Number), 618. S. Fremont St

5. Full Name of Mother, Ernstine Hamilton

6. Mother's Maiden Name, Ernstine Hess

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Thomas Hamilton

9. Father's Occupation, Locomotive Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96991.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Sept 28th
4. Place of Birth (Street and Number), 710 Ramsay, Ct
5. Full Name of Mother, Laura L Galligan
6. Mother's Maiden Name, Laura L Dinsmore
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thos F Galligan
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wellington Bluff

Address, 529 Columbia ave

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH 96992.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Sept - 23d 87
4. *Place of Birth (Street and Number),* 505 Walnut Alley
5. *Full Name of Mother,* Hetty Jackson
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Brown
9. *Father's Occupation,* Cook
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jasmine McAlpine

Address, Mosher St & Oneid Hill Ave

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH. 96993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th.
1. *Sex, (state whether male or female)*	Male - White
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	Sept 23° 7 A M. 1887
4. *Place of Birth, (Street and Number)*	46 & Fulton St
5. *Full Name of Mother,*	Lenora Canton
6. *Mother's Maiden Name,*	Lenora McGraw.
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Michael A Canton
9. *Father's Occupation,*	Real Estate
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	A H Canton. M D
Address,	1136 Lexington St
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable. 1887

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 96994,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3 Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, The 24 of Sept 1887

4. Place of Birth (Street and Number), No 934 Eutaw St

5. Full Name of Mother, Theresa Crieght

6. Mother's Maiden Name, Therusa Callahan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Creight

9. Father's Occupation, Tel operator

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lauer

Address, No 1059 Harford

Remarks, Bal Md

1887

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 96795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 24th 1887
4. *Place of Birth, (Street and Number)* No 1908 Charles st Lane
5. *Full Name of Mother,* Anna Anderson
6. *Mother's Maiden Name,* Anna McCaul
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Anderson
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Labourer

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address, No 1517 Bryant st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 96996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	Colloud
3. Date of Birth,	Saturday Sept 24th 1887
4. Place of Birth (Street and Number),	720 Linden Ave
5. Full Name of Mother,	Florence Warfield
6. Mother's Maiden Name,	Florence Brown
7. Mother's Birthplace,	Port Tobacco Charles County Md
8. Full Name of Father,	Charles William Warfield
9. Father's Occupation,	Waiter
10. Father's Birthplace,	Baltimore City Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Annie Jobson
Address,	710 Tyson st
Remarks,	

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 24 D 1887
4. *Place of Birth (Street and Number),* 1113 Armstead Lane
5. *Full Name of Mother,* Vena Hubbard
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* ~~John Douglas~~ Baltimore
8. *Full Name of Father,* John Douglas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Ann Taylor

Address, 41 Guilford Alley

Remarks,

mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 96998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Sept 24 1857
4. *Place of Birth (Street and Number),* c/o 1648 W Charles st
5. *Full Name of Mother,* c/Mary Jenkins
6. *Mother's Maiden Name,* Mary c/Allison
7. *Mother's Birthplace,* Baltimore city md
8. *Full Name of Father,* William c/Jenkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore co. md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hinton

Address, c/o 1616 W Charles st

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 96777.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* — — —

3. *Date of Birth,* 24 September

4. *Place of Birth, (Street and Number)* No. 1817 Hanover near Lee

5. *Full Name of Mother,* Wilhelmine Kellmeyer

6. *Mother's Maiden Name,* Konig

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* H C Kellmeyer

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Schultz

Address, No. 528 Washington St

Remarks,

...

...

...

RETURN OF A BIRTH 97000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24 1887
4. *Place of Birth, (Street and Number)* 1921 Thames Street
5. *Full Name of Mother,* Matilda King
6. *Mother's Maiden Name,* Matilda Simmons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles King
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address, 1521 Thames Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 97001.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* brown skin
3. *Date of Birth,* 24 sept
4. *Place of Birth, (Street and Number)* 629 pearala
5. *Full Name of Mother.* Liza usher
6. *Mother's Maiden Name,* Liza shipley
7. *Mother's Birthplace,* howard count
8. *Full Name of Father,* Sanala usher
9. *Father's Occupation,* pother
10. *Father's Birthplace,* Sumerset Count Md

Name of Medical Attendant, or other Person who makes this Return Harrt Hammond

Address, 22 March st Baltimore

Remarks,

INTERS AND STATIONERS

RETURN OF A BIRTH 97002.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 25 1887
4. *Place of Birth, (Street and Number)* 5 Wilkinson alley
5. *Full Name of Mother,* Lewis Nicols
6. *Mother's Maiden Name,* Lewis Scott
7. *Mother's Birthplace,* Easton
8. *Full Name of Father,* Shan Nicols
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Easton

Name of Medical Attendant, or other Person who makes this Return. Sarah Jane Wilson

Address, 115 Hopkins street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child.
1. Sex (state whether male or female),	Boy.
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	25th of September 1887.
4. Place of Birth (Street and Number),	309 Clinton street.
5. Full Name of Mother,	Annie Batz
6. Mother's Maiden Name,	Annie Schindhelm.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Fred. Schindhelm.
9. Father's Occupation,	Blacksmith.
10. Father's Birthplace,	Bl Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel street per Justina Kunkel
Remarks,	Healthy.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

Sex, (state whether male or female) Bubs

2. *Race or color, (if not of the white race)* Witte

3. *Date of Birth,* 25 ten September 1887

4. *Place of Birth, (Street and Number)* Hanover Strict 1907

5. *Full Name of Mother,* Ewa Goeller

6. *Mother's Maiden Name,* Schreider

7. *Mother's Birthplace,* Germanien

8. *Full Name of Father,* Georg Goeller

9. *Father's Occupation,* Wort Mann

10. *Father's Birthplace,* Germanien

Name of Medical Attendant, or other person who makes this Return.

Address, Hiet Strict No 60 Karoline Schwarz

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT SEP 30 1887 BALTIMORE CITY

...Y & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

97005 (b.o.)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John H~~enry~~ Koch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25 1887
4. Place of Birth, (Street and Number) No 1727 William st
5. Full Name of Mother, Mary ~~Cook~~ Koch
6. Mother's Maiden Name, Mary Wengert
7. Mother's Birthplace, Germany
8. Full Name of Father, Fedrick ~~Cook~~ Koch
9. Father's Occupation, Labourer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Cathrine Kornung

Address, No 1517 Byrd st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers.

RETURN OF A BIRTH 97006.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth Child
1. Sex (state whether male or female),	Female
Race or Color (if not of the white race),	White
3. Date of Birth,	September 25" 1887.
4. Place of Birth (Street and Number),	No 2422 Canton Avenue
5. Full Name of Mother,	Elizebeth Martine
6. Mother's Maiden Name,	" Zimmerman
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Mabert Martine
9. Father's Occupation,	Labora
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers

RETURN OF A BIRTH. 97007.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth* Sep 25/87
4. *Place of Birth,* (Street and Number) No 1013 E Lombard Sts.
5. *Full Name of Mother,* Rachel Abrahamms
6. *Mother's Maiden Name,* " " Ustman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Henry Abrahamms
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ustmann

Address, No 1401 E. Pratt Sts

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

SEP 27 1887

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 25th 87

4. Place of Birth (Street and Number), 2106 Penn. Ave.

5. Full Name of Mother, Jennie Krauss

6. Mother's Maiden Name, Jennie Walsh

7. Mother's Birthplace, New York

8. Full Name of Father, Samuel Krauss

9. Father's Occupation, Street Car Driver

10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return. Jasmine McAlpine

Address, Mosher St. & Druid Hill Ave

Remarks,

who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 97009

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sep. 26. 1887.
4. *Place of Birth, (Street and Number)* 1002 Mc Culloh st.
5. *Full Name of Mother,* Jennie L. Goodridge,
6. *Mother's Maiden Name,* Brown,
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* Jno. M. Goodridge,
9. *Father's Occupation,* Clerk,
10. *Father's Birthplace,* Virginia,
- *Name of Medical Attendant,* or other Person who makes this Return — J. L. Foote M.D.
- *Address.* 1007 W. Lanvale
- *Remarks.*

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97010.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 29, 1887

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Balto Sept 26, 1887.
4. *Place of Birth (Street and Number),* 1913 Canton Ave.
5. *Full Name of Mother,* Kate Metz
6. *Mother's Maiden Name,* Kate Ball
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Frank Metz
9. *Father's Occupation,* Ea faring
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend

Address, 410 South Wolfe St.

Remarks, —

the Commissioner of Health, in the manner and the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 9701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth.* 523 Duncan alley.

4. *Place of Birth, (Street and Number)* Sept. 26th 87

5. *Full Name of Mother,* Rebbeca Bridges

6. *Mother's Maiden Name,* Carel

7. *Mother's Birthplace,* Balto County.

8. *Full Name of Father,* John H Bridges

9. *Father's Occupation,* Barber.

10. *Father's Birthplace,* State of North Carolina

Name of Medical Attendant, or other Person who makes this Return, John. U. Pickel M.D.

Address, 1312. Eden St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 9702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

Sex (state whether male or female), female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 26 September

4. *Place of Birth (Street and Number),* 201 Parkerton St. Canton

5. *Full Name of Mother,* Mary Green

6. *Mother's Maiden Name,* = Snedes

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Green

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH, 97013.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 26th 1887
4. Place of Birth, (Street and Number) 1407 W Balto st
5. Full Name of Mother Amelia Bingle
6. Mother's Maiden Name " Stump
7. Mother's Birthplace Germany
8. Full Name of Father Henry Bingle
9. Father's Occupation Merchant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. W. R. McKnew

Address 1401 Linden av

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th (9701)

1. Sex, (state whether male or female) Male "

2. Race or Color, (if not of the white race)

3. Date of Birth, September 26th 1897

4. Place of Birth, (Street and Number) No 1209 Hayden St

5. Full Name of Mother, Mary Baker

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernard Baker

9. Father's Occupation, Shoe Maker

. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Carlotte Proctor midwife

Address, No 511 Carlton St City

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st (97015)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Dark brown

3. Date of Birth September 26th 1887

4. Place of Birth, (Street and Number) 717 Druid Hill Av

5. Full Name of Mother, Cathrine Johnson

6. Mother's Maiden Name, Armstead

7. Mother's Birthplace, Richmond Va.

8. Full Name of Father, William Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane

Address, # 642 Jasper St -

Remarks,

Report its birth to the Commissioner of Health, in the form of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	September 26" 1887.
4. *Place of Birth (Street and Number),*	No 530 Hulsman Court
5. *Full Name of Mother,*	Christine Farber
6. *Mother's Maiden Name,*	" Waechter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Farber
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Gurnany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Wiley
Address,	No 611 Patterson Park Ave.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 97017.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 26th 10-30 P. M.
4. *Place of Birth, (Street and Number)* 2023 Fairmount av.
5. *Full Name of Mother,* Mary Kuhn
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* George C. Kuhn
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return P. G. Dauschuk

Address, 1727 E. Balto. st.

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 37018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. Child
1. Sex (state whether male or female),	Little Girl
2. Race or Color (if not of the white race),	White race
3. Date of Birth,	Born. 26th. September 1940
4. Place of Birth (Street and Number),	No 1940 Lexington st
5. Full Name of Mother,	Mrs. Blanche Blanher
6. Mother's Maiden Name,	Miss Lizzie Herman
7. Mother's Birthplace,	Born Baltimore
8. Full Name of Father,	Mr Lawrence Blanher
9. Father's Occupation,	Milk trade
Father's Birthplace,	Born Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Killer
Address,	2127 west Pratt st
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97019.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday Sept 26th 67
4. Place of Birth, (Street and Number) 540 W. Townsend St
5. Full Name of Mother, Annie Nevitt
6. Mother's Maiden Name, Annie Nettles
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Thos Nevitt
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return Elizabeth Mfd.

Address, Park Ave & Mulberry St Baltimore Md

Remarks,

NTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second (97020)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, aug 15. 26

4. Place of Birth, (Street and Number) Baltimore. Fanticus. cort. 8

5. Full Name of Mother, rasaner. Dorsey

6. Mother's Maiden Name, rasaner. Talbart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Perry Larsey

9. Father's Occupation, labror

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Heoirt Jackson

Address, 1016 Douglass Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the same fine and forfeitures for each offense to be recovered as other fines and forfeitures are recoverable.

o., City Printers and Stationers.

RETURN OF A BIRTH 97021.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 30 1887 BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 September
4. *Place of Birth, (Street and Number)*	531 North Bond St
5. *Full Name of Mother,*	Mary Waltgen
6. *Mother's Maiden Name,*	Mary E Kirby
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Waltgen
9. *Father's Occupation,*	Plaster
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address,	503 North Carline St
Remarks,	

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97022.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 27th 1887
4. *Place of Birth, (Street and Number)* 1609 Cemetary lane
5. *Full Name of Mother,* Henriette Becker
6. *Mother's Maiden Name,* " Sundbrink
7. *Mother's Birthplace,* City
8. *Full Name of Father,* David Becker
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Fenby, M.D.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 9702 3.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 1 Child
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	The 28 of Sep 1887
4. Place of Birth (Street and Number),	No 217 Gorsuch Ave Town
5. Full Name of Mother,	Barbara Scheurich
6. Mother's Maiden Name,	Barbara Staubert
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Frank Scheurich
9. Father's Occupation,	Wheelwright
Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs C. L. Lauer
Address,	No 1059 Garrison Ave
Remarks,	Bal Md
	1887

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH. 97024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth* 28 of september
4. *Place of Birth*, (*Street and Number*) canton av 1405
5. *Full Name of Mother*, Mary Mally
6. *Mother's Maiden Name*, Mary Lone
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, William Lone
9. *Father's Occupation*, Labor
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other Person who makes this Return. Wm Sluman

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the time prescribed by the ordinances of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

RETURN OF A BIRTH 97025,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2the

Sex (state whether male or female), male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 28 September

4. *Place of Birth (Street and Number),* 2902 O Donell Str

5. *Full Name of Mother,* Anna Steinbach

6. *Mother's Maiden Name,* Idjon

7. *Mother's Birthplace,* Luchafen Hannover (Germ

8. *Full Name of Father,* Paul Steinbach

9. *Father's Occupation,* Laheln

Father's Birthplace, Colberg Persien

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St. (Canton

Remarks,

and such penalties and forfeitures are recoverable.
for each offence, to be recovered as other fines and fo

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 28th 1887

4. Place of Birth, (Street and Number) No 1535 Clarson st

5. Full Name of Mother, Henriette Peffer

6. Mother's Maiden Name, Henriette Thun

7. Mother's Birthplace, Germany

8. Full Name of Father, John Peffer

9. Father's Occupation, Labourer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address, No 1517 Byrd st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 97027.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* Sept 29 — 87

4. *Place of Birth, (Street and Number)* 1004 Fawn

5. *Full Name of Mother,* Emma Gleghorn

6. *Mother's Maiden Name,* Emma Hill

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* Wm B Gleghorn

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other Person who makes this Return. Daniel V. Moyer MD

Address, 728 Aisquith St

Remarks, City

HEALTH DEPARTMENT SEP 30 1887 BALTIMORE MD

...or persons who shall hereafter fail to comply with the ... for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child 97028,

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* August 29th 1887
4. *Place of Birth, (Street and Number)* 411 So High St
5. *Full Name of Mother,* Julia Ammel
6. *Mother's Maiden Name,* — —
7. *Mother's Birthplace,* Delaware —
8. *Full Name of Father,* Jno E. Ammel
9. *Father's Occupation,* Mason
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return Nat S. Keyser M.D.

Address, 310 W. Madison St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8ter Child
1. *Sex (state whether male or female),*	Girl
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Geboren den 29 September
4. *Place of Birth (Street and Number),*	620 S. Dallas Str
5. *Full Name of Mother,*	Mary Rittel
6. *Mother's Maiden Name,*	Mary Schwab
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georg Rittel
9. *Father's Occupation,*	Tabor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaufmann
Address,	517 S. Dallas
Remarks,	Hebamme

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 2-29-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henrietta Steinbach

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether male or female),	Girl
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Geboren den 29th September, 1887
4. Place of Birth (Street and Number),	1824 Alisonder Str
5. Full Name of Mother,	Louise Steinbach
6. Mother's Maiden Name,	Louise Brethscheider
7. Mother's Birthplace,	Germanne
8. Full Name of Father,	Friedinact Steinbach.
9. Father's Occupation,	Labor
10. Father's Birthplace,	Germanne
Name of Medical Attendant, or other person who makes this Return.	Friedrike Kaufmann
Address,	517 S. Dallas Str
Remarks,	Hebamme

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ter Child.

1. *Sex (state whether male or female),* Girl
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Geboren den 29.ten September
4. *Place of Birth (Street and Number),* 723. Bethel Str.
5. *Full Name of Mother,* Amme Wagemann
6. *Mother's Maiden Name,* Amme Victer
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Lorrez Wagemann
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufmann

Address, 517 S. Dallas Str

Remarks, Hebamme

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sep 27th 1887
4. *Place of Birth (Street and Number),* 1758 Eastern Ave
5. *Full Name of Mother,* Anita Bratholte
6. *Mother's Maiden Name,* " " Botenfield
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry Bratholte
9. *Father's Occupation,* Beer Keeper
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 97033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	male
2. *Race or Color (if not of the white race),*	white
3. *Date of Birth,*	Sept. 29, 1887
4. *Place of Birth (Street and Number),*	814 Chesapeake St.
5. *Full Name of Mother,*	Celia Renner
6. *Mother's Maiden Name,*	Celia Blake
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Robert Renner
9. *Father's Occupation,*	Flag-man
10. *Father's Birthplace,*	Scotland
Name of Medical Attendant, or other person who makes this Return.	Mary L. Swayne
Address,	726 Luzerne St.
Remarks,	

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Bishop Co., City Printers and Stationers.

RETURN OF A BIRTH 97034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Septer 29th.
4. *Place of Birth (Street and Number),* 707 Druid Hill Ave.
5. *Full Name of Mother,* Anna Maria Frenz
6. *Mother's Maiden Name,* " " Kremer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Frenz
9. *Father's Occupation,* Fresco painter
10. *Father's Birthplace,* Bonn at Rhein Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Wamel Midwife

Address, 923 Penna ave

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

97035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 29th 1887

4. *Place of Birth, (Street and Number)* 1428 S Charles

5. *Full Name of Mother,* Hannah Biggs

6. *Mother's Maiden Name,* " Bordley

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Christopher Biggs

9. *Father's Occupation,* Engineer

Father's Birthplace, Anne Arundle Co Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke MD

Address, 104 Fort av

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	September 30
4. Place of Birth (Street and Number),	3 Harford Ave. 13.03
5. Full Name of Mother,	Ruth A. Figea
6. Mother's Maiden Name,	Cooman.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Henry. S. Figeas.
9. Father's Occupation,	Barber
Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary A. Allwell.
Address,	912 Washington St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subject to the like penalty, and for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97037

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, September 30 1887
5. Place of Birth, (Street and Number) 2019 Chase St
6. Full Name of Mother, Annie L Ritson
7. Mother's Maiden Name, Annie Hamerbacher 18
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Will Ritson age 24
10. Father's Occupation, painter
11. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, 1026 E Chapel

Remarks,

...TERS AND STATIONERS

RETURN OF A BIRTH 97038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Sept, 30th 1887 = 12 M.
4. Place of Birth, (Street and Number) 243 S Wolfe St
5. Full Name of Mother, Augusta Mencke
6. Mother's Maiden Name, " Lambert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Mencke
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return A Tregoshecker Md

Address, 1102 E Baltimore St

Remarks, Instrumental

NTERS AND STATIONERS

RETURN OF A BIRTH 97039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Sep 30th
4. Place of Birth (Street and Number),	1271 William St
5. Full Name of Mother,	Catharine A Whelter
6. Mother's Maiden Name,	Catherine A Hutton
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	William H Whelter
9. Father's Occupation,	Candy Maker
Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Katherine Munch
Address,	900 Lenckenhall St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex (state whether male or female), Boy

2. *Race or Color (if not of the white race),* White Sept 30. 1887

3. *Date of Birth,* 30 Thursday Morning 1.30 P.M.

4. *Place of Birth (Street and Number),* 113 S. Paca Street

5. *Full Name of Mother,* Bertha Moog

6. *Mother's Maiden Name,* Bertha Meirdter

7. *Mother's Birthplace,* 113 S. Paca St Balto Md.

8. *Full Name of Father,* August Moog

9. *Father's Occupation,* Printer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs C Seebach

Remarks, No. 735 W Pratt street

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Friday September 30th 1887
4. Place of Birth (Street and Number),	657 Portland Street
5. Full Name of Mother,	Lillian B. Hansen
6. Mother's Maiden Name,	Lillian B. Schifferling
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frederick Hansen
9. Father's Occupation,	Cabinet maker
Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. W. Mamel. Midwife
Address,	923 Pennsyl. ave
Remarks,	

who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 97042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 30th 1887

4. *Place of Birth, (Street and Number)* 136 Gittings

5. *Full Name of Mother,* Annie Tanner

6. *Mother's Maiden Name,* " Elliot

7. *Mother's Birthplace,* Virginia Va

8. *Full Name of Father,* Thos. Tanner

9. *Father's Occupation,* Tobacco Warehouse

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke M.D.

Address, 104 Fort Ave

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* September 30. 1887

4. *Place of Birth, (Street and Number)* New Number ~~708~~ 1625 Shackspeare St

5. *Full Name of Mother,* Elisabet [redacted] Bethka Bewisky

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Polish

8. *Full Name of Father,* Franke Bethka

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Polish

Name of Medical Attendant, or other Person who makes this Return Marie Günthner N.N. 728 S. Wolf St

Address,

Remarks, John Brown New N. 727 S. Bethel St

Alphonsus Grave yard 4 o'clock P.M. Oct 1 1887

& CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

97044

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ther, (state whether 1st, 2d, 3d, &c.)	Eleven
male or female)	Female
not of the white race)	White
	September the 1
Street and Number)	Baltimore 1106 W Pratt
other	Henrietta Wolff
Name	Henrietta Klumpf
lace	Baltimore
uther	Gustave Wolff
ion	Merchant
ace	Germany Prussia
Attendant, or other Person who makes this Return.	Mrs Ruth Coltheren
	1106 1142 W. Pratt St

RETURN OF A BIRTH 97045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 1 - 87
4. *Place of Birth (Street and Number),* 46 Allendale St.
5. *Full Name of Mother,* Mary Jane Fiske
6. *Mother's Maiden Name,* Mary Jane Brady - Baltimore
7. *Mother's Birthplace,*
8. *Full Name of Father,* ~~George~~ Charles Fred. Leo Fiske.
9. *Father's Occupation,* Roofer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Alfred Whitehouse M.D.

Address, 1½ S. Exeter St.

Remarks, Instrumental Labor.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 97046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex (state whether male or ~~female~~),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept. 1st
4. *Place of Birth (Street and Number),* Balto No 11 Jenkins Alley
5. *Full Name of Mother,* Mrs Mary E. Stewart
6. *Mother's Maiden Name,* Mary E. Harris
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Albert Stewart
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Indianapolis

Name of Medical Attendant, or other person who makes this Return. Hattie Douglas

Address, 928 Jenkins Alley

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

3. Date of Birth, 2nd Sept. 187

4. Place of Birth, (Street and Number) 311 S. Ann

5. Full Name of Mother, Mary Agnes Peak

6. Mother's Maiden Name, Sword

7. Mother's Birthplace, City

8. Full Name of Father, Eugene Bennet Peak

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. P. Evans M.D.

Address, 1835 E. Balto. St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), white race

3. Date of Birth, September the 2

4. Place of Birth (Street and Number), Baltimore William st No 1524

5. Full Name of Mother, Margret Dumaly

6. Mother's Maiden Name, Spencer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, randolfe Dumaly

9. Father's Occupation, Cannaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Heathorn

Address, light st No 1524

Remarks,

Who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten by dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex (state whether male or female),* Female

2. *Race or Color (if not of the white race),* Colored

3. *Date of Birth,* 2 A. M. September

4. *Place of Birth (Street and Number),* 422 Rows alley

5. *Full Name of Mother,* Mary Richardson

6. *Mother's Maiden Name,* Mary Rosenfield

7. *Mother's Birthplace,* Richmond Va

8. *Full Name of Father,* Lewis Richardson

9. *Father's Occupation,* Laboring Man

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs John Sadler

Address, 415 Aisquith St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* Sep 2th 1887

4. *Place of Birth (Street and Number),* 604 Broadway

5. *Full Name of Mother,* Kate Kunkel

6. *Mother's Maiden Name,* " " Ritzel

7. *Mother's Birthplace,* City

8. *Full Name of Father,* August Kunkel

9. *Father's Occupation,* Cigar Store

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Ritz

Address, 1244 Bankst

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of [illegible] for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers

RETURN OF A BIRTH 97651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Friday Sept 2nd 1887

4. *Place of Birth, (Street and Number)* 1420 N. Bond St.

5. *Full Name of Mother,* Elizabeth J. Cary Schaffer.

6. *Mother's Maiden Name,* Elizabeth Carey

7. *Mother's Birthplace,* Phila, Pa.

8. *Full Name of Father,* Francis Schaffer

9. *Father's Occupation,* Government Employee

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Wilmer Winton M.D.

Address, Chas St. & Fremont Place

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co, City Printers and Stationers.

RETURN OF A BIRTH 97052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Sunday Sept. 2nd. 1887
4. Place of Birth, (Street and Number)	914 N. Caroline St.
5. Full Name of Mother,	Anna Voeglein Long
6. Mother's Maiden Name,	Anna Voeglein
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Wm. C. Long
9. Father's Occupation,	Hat Maker
Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address,	Chas St. & Forrest Place
Remarks,	

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH, 97053

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) Eighth

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 2nd 1887.
4. *Place of Birth, (Street and Number)* 822 S. Broadway
5. *Full Name of Mother* Maria J. Grouthaus
6. *Mother's Maiden Name* Maria J. Richter
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Wilhelm J. Grouthaus
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return. Nicholas T. Dashiell

Address 701 S. Broadway

Remarks

RETURN OF A BIRTH 97054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),*

3. *Date of Birth,* Sept 3rd 1887

4. *Place of Birth (Street and Number),* 231 Wolf st

5. *Full Name of Mother,* Pabar Stemata

6. *Mother's Maiden Name,* " " Beck

7. *Mother's Birthplace,* Balt City

8. *Full Name of Father,* Frederick Stemata

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. Siggy Belz

Address, 1744 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures

hing Co., City Printers and Stationers

RETURN OF A BIRTH 97055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether male or female),	male
2. Race or Color (if not of the white race),	Colored (Mulatto)
3. Date of Birth,	Sept. 4th 1887
4. Place of Birth (Street and Number),	566 Ford St. Balto. Md.
5. Full Name of Mother,	Francina Robinson Young
6. Mother's Maiden Name,	Francina Robinson
7. Mother's Birthplace,	Wilmington N. C.
8. Full Name of Father,	Saml. H. Young
9. Father's Occupation,	Messenger B & O R.R. Co
10. Father's Birthplace,	Long Green Balto Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Amy Johnson
Address,	710 Tyson
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED: 9/23/55 Sfy

William Melville O'~~Connor~~

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept. 4/87
4. Place of Birth (Street and Number), 681 W. Fayette St
5. Full Name of Mother, Mrs. Otie Lucile O'Connor
6. Mother's Maiden Name, " " Raley
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, P. Melville O'Connor
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. T. C. Worthington Md

Address, #840 W. Fayette St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers

RETURN OF A BIRTH 97057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept. 4th 1887.

4. Place of Birth (Street and Number), #2256 Exeter St.

5. Full Name of Mother, Lena Steelman

6. Mother's Maiden Name, " Slater

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Steelman

9. Father's Occupation, Engineer

Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Steelman

Address, #1820 W. Fairmount Ave.

Remarks, 1038 (Year under)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
Sex, (state whether male or female)	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Sept 5th 87
4. *Place of Birth, (Street and Number)*	1028 Valley.
5. *Full Name of Mother,*	Mary Voegleie
6. *Mother's Maiden Name,*	Mary Fussell
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Chas Voegleie
9. *Father's Occupation,*	Salesman
Father's Birthplace,	Balt
Name of Medical Attendant, or other Person who makes this Return.	Daniel V Moyer MD
Address,	728 Aisquith St
Remarks,	City

SEP 30 1887
BALTIMORE, MD.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Sept. 5. 1928

4. Place of Birth (Street and Number), 8 Jackson St 1223.

5. Full Name of Mother, Eliza L White

6. Mother's Maiden Name, Ramsey

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Jas. H White

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Mary A Allwell

Address, 912. Mc Donogh St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White

3. Date of Birth, Sept 5th 1887

4. Place of Birth (Street and Number), #742 N. Gay St

5. Full Name of Mother, E. Steigerwald.

6. Mother's Maiden Name, Kirsch.

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Steigerwald.

9. Father's Occupation, Porter

Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dena Hilligent

Address, #182 E Monument St

Remarks, 1038 (New Number)

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Sept 5th
4. *Place of Birth (Street and Number),* 4 28 little monument st
5. *Full Name of Mother,* Betty ann Gross
6. *Mother's Maiden Name,* " " Hollis
7. *Mother's Birthplace,* patuxent
8. *Full Name of Father,* Andrew Jackson Gross
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St mary's county

Name of Medical Attendant, or other person who makes this Return. Mrs Annie Folsom

Address, 710 Tyson street

Remarks,

Mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	
3. *Date of Birth,*	September 5th
4. *Place of Birth (Street and Number),*	# 1514 S. Charles St.
5. *Full Name of Mother,*	Catherine Mubly
6. *Mother's Maiden Name,*	Schindler
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Henry A Mubly.
9. *Father's Occupation,*	Cabinet Maker.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Katherine Munch
Address,	800 Seadenhall St
Remarks,	

the Commissioner of Health, in the manner And within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sep 5th 1887
4. *Place of Birth (Street and Number),* 227 Fountain st
5. *Full Name of Mother,* Birthy Dorety
6. *Mother's Maiden Name,* " " Demon
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Daniel Dorety
9. *Father's Occupation,* Laborer City
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1194 Bank st

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...shing Co., City Printers and Stationers

RETURN OF A BIRTH 97064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Sept. 6th 1887

4. *Place of Birth (Street and Number),* #729 Forrest St

5. *Full Name of Mother,* Annie Brosnan

6. *Mother's Maiden Name,* " Smith

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Peter Brosnan

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Cena Hillegent

Address, #182 E. Monument St

Remarks, 1038 (New Number)

The Commissioner of Health, in the manner that the Law shall be subjected to the fine of ten (10) dollars who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and 3 the

Sex (state whether male or female), Twins, both males.

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 5 of September

4. *Place of Birth (Street and Number),* 507. - 3th. Fremont Canton

5. *Full Name of Mother,* Sophie Ternau

6. *Mother's Maiden Name,* = Blanke

7. *Mother's Birthplace,* Burg Lesum (Hannover)

8. *Full Name of Father,* Herman Ternau

9. *Father's Occupation,* Machinist

Father's Birthplace, Papenburg Hannover

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97066.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	
3. Date of Birth,	Sept. 6 1887.
4. Place of Birth (Street and Number),	10.36 Wolfe St.
5. Full Name of Mother,	Barbara Stein
6. Mother's Maiden Name,	Butterhoff.
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John. Stein
9. Father's Occupation,	Clothing Cutter
Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Mary A Allwell
Address,	912 McDonough St
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ublishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or color, (if not of the white race) White

3. Date of Birth, September 6th 1887.

4. Place of Birth, (Street and Number) S. Castle St c/o 244

5. Full Name of Mother. Mathilda Hermann

6. Mother's Maiden Name, Mathilda Schönhar

7. Mother's Birthplace, Erlingen Würtemberg Germany

8. Full Name of Father, Charles Hermann

9. Father's Occupation, Machinist

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Müller

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeiture are recoverable.

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 97068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Sex, (state whether male or female) male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 6th 87

4. *Place of Birth, (Street and Number)* 325 Hardesan Av

5. *Full Name of Mother,* Bettie Madden

6. *Mother's Maiden Name,* Backmore

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* John A. Madden

9. *Father's Occupation,* Brakeman on B & O. R. R.

10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other Person who makes this Return. M. J. Lenan

Address, 1325 Ramsay Av City

Remarks, Time child.

for each offense to be recovered as other fines and forfeitures are recoverable.

City Printers and Stationers

RETURN OF A BIRTH 97069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female),* Male Female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sep 6th 1887
4. *Place of Birth (Street and Number),* 508 Ann st
5. *Full Name of Mother,* Gusta Blaucker
6. *Mother's Maiden Name,* " " Arence
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Blaucker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Lizzy Betz

Address, 1744 Bank st.

Remarks,

HEALTH DEPARTMENT OCT 3 1887 BALTIMORE MD

...hing Co., City Printers and Stationers

RETURN OF A BIRTH. 97070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

Sex, (state whether male or female) Male.

2. *Race or Color*, (if not of the white race) White.

3. *Date of Birth* September 6, 1887.

4. *Place of Birth*, (Street and Number) No. 1438 Harford ave.

5. *Full Name of Mother*, Emma Scrogs.

6. *Mother's Maiden Name*, Emma Fowler.

7. *Mother's Birthplace*, Maryland.

8. *Full Name of Father*, William Scroggs.

9. *Father's Occupation*, Laborer.

Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Aug. R. Elwell M.D.

Address, 1241 Harford ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 97071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	September 6
4. Place of Birth (Street and Number),	113 Fort Ave
5. Full Name of Mother,	Mary Ann Becker
6. Mother's Maiden Name,	Mary Ann Buer.
7. Mother's Birthplace,	Balto City
8. Full Name of Father,	John C. Becker.
9. Father's Occupation,	Lawyer
10. Father's Birthplace,	Balto City
Name of Medical Attendant, or other person who makes this Return.	Wm Minnich
Address,	900 Leadenhall St.
Remarks,	

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

olishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ningth

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Sep. 6. 1887
4. Place of Birth (Street and Number), 208. N. Wolfth St
5. Full Name of Mother, Mary A Jones
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Via
8. Full Name of Father, Planner Jones
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A. Allwell

Address, 912 McDonogh St

Remarks,

Who shall hereafter fail to comply with the provisions of this section, or shall be in any way, for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sept 6th
4. Place of Birth (Street and Number),	520 Lombard street
5. Full Name of Mother,	Mary Hannah Cleaser
6. Mother's Maiden Name,	[illegible]
7. Mother's Birthplace,	Baltimore city
8. Full Name of Father,	Edward Phillip Navarro
9. Father's Occupation,	Laborer
Father's Birthplace,	Baltimore city
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Folson
Address,	710 Tyson street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH

97074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

Sex, (state whether male or female) Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 7-87

4. *Place of Birth, (Street and Number)* Old #117 W. Monument St.

5. *Full Name of Mother,* Mary Westerfeldt

6. *Mother's Maiden Name,* Snider

7. *Mother's Birthplace,* Balto Co.

8. *Full Name of Father,* Fred'k D. Westerfeldt.

9. *Father's Occupation,* Engineer

Father's Birthplace, Balto city

Name of Medical Attendant, or other Person who makes this Return. W. E. Moseley M. D.

Address, 836 N. Eutaw St.

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

RETURN OF A BIRTH 97075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. *Sex (state whether male or female),* female

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 3 September

4. *Place of Birth (Street and Number),* 3 the Stevenson

5. *Full Name of Mother,* Anna Altbeacher

6. *Mother's Maiden Name,* Anna Graf

7. *Mother's Birthplace,* Baden (Germ)

8. *Full Name of Father,* August Altbeacher

9. *Father's Occupation,* Beer Driver

10. *Father's Birthplace,* Baden Germ

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sept 7th 87
4. *Place of Birth (Street and Number),* 115 W Lombard St.
5. *Full Name of Mother,* Florence Steiner
6. *Mother's Maiden Name,* Do
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr A L Hudson

Address, 113 & 115 N. Lombard Street

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

...ishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) Second

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* 9 — July — 97

4. *Place of Birth (Street and Number),* 115 N. Linwood St.

5. *Full Name of Mother,* Jessie Murray

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. A. E. Hutto M.D.

Address, 113 N Linwood St

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

lishing Co., City Printers and Stationers.

RETURN OF A BIRTH 97078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Seventh September
4. Place of Birth (Street and Number),	Hare Street 1279
5. Full Name of Mother,	Eggie Schewetzkie
6. Mother's Maiden Name,	" Studenskie
7. Mother's Birthplace,	Ostria
8. Full Name of Father,	Anton Schewetzkie
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Pauline Liersemayer
Address,	1224 Hare Street
Remarks,	

for each offence, to be recovered as other fines and forfeitures are recoverable.

Gibbons Co., City Printers and Stationers.

RETURN OF A BIRTH 97079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex (state whether male or female), Male

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* September 7, 1907.

4. *Place of Birth (Street and Number),* 12 H. S. Mount Street

5. *Full Name of Mother,* Mary Ann Landon

6. *Mother's Maiden Name,* Mary Ann Kirchner

7. *Mother's Birthplace,* Lancaster, Pa.

8. *Full Name of Father,* Charles William Jameson

9. *Father's Occupation,* Teacher & Organist.

10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, No 1068 S. Monroe St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

hing Co., City Printers and Stationers

RETURN OF A BIRTH 77080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White Race
3. Date of Birth, Sep 7th
4. Place of Birth (Street and Number), Mal dice st. 1017
5. Full Name of Mother, Mary Annie Denninger
6. Mother's Maiden Name, " " Sanehart
7. Mother's Birthplace, July 7th
8. Full Name of Father, Joseph F. Denninger
9. Father's Occupation, Truck Driver
10. Father's Birthplace, March 18th

Name of Medical Attendant, or other person who makes this Return. Mrs Bing

Address, 711 Cross St

Remarks, Good

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

blishing Co., City Printers and Stationers.

CITY HALL

BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 16th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #92566 AND
ENDING WITH #97080 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul

END OF REEL